

Barnes Evaluation and Administration Team (BEAT) GRANT APPLICATION

Please answer every question and fill in every blank. Also include copies of:

Financial Statements (current and prior 2 yrs)

Annual Budgets (current and prior 2 yrs)

Legal description of church property (if mortgage loan)

Cash flow projections for the next 3 yrs

Church Name

Pastor

Address

District Superintendent

City, State, Zip

Conference/District

Phone

Fax

Email

Church's GCFA Number:

FUNDING REQUEST CATEGORY (check all that apply)

Digital Ministry Hardware/Software

Brick and Mortar – Maintenance/Repair

Brick and Mortar - Improvement

Land Purchase Acquisition

Branding/Marketing/Communications

Staffing

Beloved Community/Anti-Racism Ministry

Training

Consultation

Church Start

Church Restart/Vital Merger

Fresh Expression

Community Engagement/Evangelism

Other

What is the mission statement of the church?

Narrative of compelling mission for grant:

How does this project support the mission of the church?

Please provide a brief project description.

Please provide benchmarks for the project with the church's measurable and achievable metrics, dates funds needed for each benchmark, and the church's giving toward benchmarks.

What amount of money are you thinking about for grant?

What additional income revenue streams would support this project?

Have you paid your apportionments in full during the last five years? Yes No

If not, please explain:

Please fill in the following data:

	YEAR TO DATE ACTUAL DATE _____	LAST YEAR'S ACTUAL YEAR _____	PRIOR YEAR'S ACTUAL YEAR _____
INCOME (regular)			
INCOME (special)			
EXPENSES (operating)			
ANNUAL DEBT SERVICE			
TOTAL DEBT			
CASH BALANCES (operating)			
CASH BALANCES (other)			
VALUE CHURCH COMPLEX			
VALUE - OTHER ASSETS (vehicles, parsonages, etc.)			
APPORTIONMENTS			
Percent paid			
MEMBERSHIP			
AVG # AT WORSHIP			
STAFF (full time equivalent)			

<u>Name</u>	<u>Phone #</u>	<u>Email Address</u>	<u>Title</u>
			Chairman, Board of Trustees
			Lay Leader
			Pastor
			Chairman, Finance Committee
			Church Council chair
			SPRC/PPRC chair

Signatures required: By typing your name below, you are signing this application electronically.

PERSON PREPARING APPLICATION _____

DATE _____

PHONE _____

PASTOR _____

DISTRICT SUPERINTENDENT _____