

CUMULATIVE NUMERICAL SCORE: \_\_\_\_\_ AMOUNT RECOMMENDED \_\_\_\_\_

GRANT REQUEST RANKING FORM

CHURCH \_\_\_\_\_

DISTRICT \_\_\_\_\_

FUNDING REQUEST CATEGORY (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Digital Ministry Hardware/Software     | <input type="checkbox"/> Training                        |
| <input type="checkbox"/> Brick and Mortar – Maintenance/Repair  | <input type="checkbox"/> Consultation                    |
| <input type="checkbox"/> Brick and Mortar - Improvement         | <input type="checkbox"/> Church Start                    |
| <input type="checkbox"/> Land Purchase Acquisition              | <input type="checkbox"/> Church Restart/Vital Merger     |
| <input type="checkbox"/> Branding/Marketing/Communications      | <input type="checkbox"/> Fresh Expression                |
| <input type="checkbox"/> Staffing                               | <input type="checkbox"/> Community Engagement/Evangelism |
| <input type="checkbox"/> Beloved Community/Anti-Racism Ministry | <input type="checkbox"/> Other _____                     |

**Please rate the following on scale from 1-10. Ten being Exceptional and one being Extremely Poor**

MISSIONAL FOCUS –How clear is this church’s missional focus for request? ie. not to save the church, but to connect with and disciple people.

1 2 3 4 5 6 7 8 9 10

CURRENT MINISTRY VITALITY: How would you rate the current vitality of the church’s ministry (AWA, apportionment giving, POF, online presence, intentional community partnership)?

1 2 3 4 5 6 7 8 9 10

METRICS: How adequate are the data and metrics in measuring community connection? How well has this church identified solid means of evaluating their effectiveness in making disciples and transforming their communities?

1 2 3 4 5 6 7 8 9 10

LEVEL UP: How successful do you feel this grant and proposal will be in moving this church from its current level of ministry to the next level up?

1 2 3 4 5 6 7 8 9 10

IMPACT: How impactful will the requested amount of this grant be on the church’s ability to accomplish its goals?

1 2 3 4 5 6 7 8 9 10

QUICK IMPLEMENTATION: How ready and able does this church seem to be to implement its proposed plan?

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1 2 3 4 5 6 7 8 9 10

LONG TERM EFFECTIVENESS: How would you rate the proposed plan as a wise, long-term strategy for this church?

1 2 3 4 5 6 7 8 9 10

COLLABORATION:

- Does this application reflect a community partnership? Y or N
- Has the District demonstrated their knowledge of and support for this application? Y or N

COMMENTS: Please share your summary thoughts on this application.

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PLEASE INDICATE YOUR LEVEL OF RECOMMENDATION FOR THIS APPLICATION:

Highly Recommend

Recommend

Recommend Alternative Intervention

Do Not Recommend

TRANSFER 1. CUMULATIVE Numerical Score, and 2. Amount to the header of the front page.

PLEASE KEEP THIS SHEET FOR YOUR RECORDS AND REFERENCE.

Following our conversation, you'll be asked to submit these to the chair.

SIGNED: \_\_\_\_\_

(READER NAME)