COMMUNITY IMPACT GRANT REQUEST FORM

Grant Cycle - Spring 2025

Applicant

Organization: _____

Mailing Address: _____

Primary Contact Name: _____

Primary Contact Role / Position: _____

Primary Contact Phone Number: _____

Primary Contact Email: _____

Program Information

Descriptive Name (the "Program"): _____

Start Date (*if applicable*): _____

End Date (*if applicable*): _____

Requested Grant Amount: _____

Please check the box that best describes the Program:

☐ Serving Christ by Serving Others
Program addresses a local community issue that assists the under-served and/or rural populations.

☐ Youth & Young Adult Initiatives
Program focused on establishing or enhancing youth or young adult ministry to increase their encounters with Christ and support the growth of our Young Church.

☐ Evangelization & Missionary Discipleship
Program assesses, trains, and/or implements effective evangelization, family ministry, hospitality strategies and/or intercultural competency.

Program Abstract

Provide a concise summary of the Program that would be supported by the requested grant, including its history, leadership, goals, and objectives.

Statement of Need

Provide the specific purpose(s) for which the requested grant will be used, the population that will be served, and the anticipated timing granted funds will be utilized.

Success Criteria & Monitoring *Provide the criteria and benchmarks that will be used to monitor the success of the Program and identify the persons responsible for monitoring compliance with these criteria and benchmarks.*

Program Budget *Provide a description of the total cost of the Program, other sources of funding besides the requested grant amount, nature and extent of anticipated expenses, and any projected shortfalls.*

Submit completed applications to stewardship@dosp.org on or before February 28, 2025 at 5pm.