

**GENERAL RECONCILIATION MINISTRY COMMISSION  
GRANT APPLICATION**



**GRANT PURPOSE:** Applications will be accepted only for projects/programs that focus on eliminating and/or alleviating racism or bigotry systemic racism in North America or projects/programs that promote reconciliation initiatives. (For additional information see General Reconciliation Ministry Grant Policies and Guidelines.)

Name of Project: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Amount of Total Budget: \$ \_\_\_\_\_

Name of Requesting Group: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

IRS Tax Exemption: Church \_\_\_\_\_ Yes \_\_\_\_\_ No

If other than a Church: List Agency Tax I.D. Number \_\_\_\_\_

*A copy of your IRS Exemption Letter MUST be attached to your proposal to verify the exemption. If not enclosed, the proposal will be returned without review.*

Name of Contact Person \_\_\_\_\_

Title \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

**FOR COMMITTEE USE ONLY**

Date Received \_\_\_\_\_ Application length \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_

Guideline Compliance:

Anti-Bigotry Yes \_\_\_\_\_ No \_\_\_\_\_

Anti-Racism Yes \_\_\_\_\_ No \_\_\_\_\_

Pro-Reconciliation Yes \_\_\_\_\_ No \_\_\_\_\_

Proposal Accepted for Processing to RMC \_\_\_\_\_ Yes \_\_\_\_\_ No

# **GENERAL RECONCILIATION MINISTRY COMMISSION GRANT APPLICATION**

## **WHAT TO INCLUDE IN YOUR APPLICATION**

- A cover letter signed by the authorized leader of the church, agency, or non-profit entity. (1 page maximum)
- Your signed grant application clearly articulating the purpose, theological underpinnings and anti-racism/bigotry goals of your project (6 pages maximum length.)
- A copy of your organization's tax-exempt letter from the IRS (1 page)
- Names of collaborators and their contact information, if applicable. (1 page maximum)
- Names and contact information of project endorsers (1 page maximum)
- One additional budget sheet for your project (if needed).

**PLEASE BE AWARE THAT ALL APPLICATION MATERIALS CANNOT EXCEED 11 PAGES.**

## **YOUR ORGANIZATION'S BACKGROUND (300 words or less)**

(Please include: mission, founding date, major programs; links with similar organizations; number and capacity of staff; why your organization is qualified to do the work; relationship of your project to your organization's overall program.)

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### **THE PROJECT (500 words or less)**

Please include: the contribution your project will make towards eliminating systemic racism, empowering racially marginalized communities, or fostering multiracial communication; goals and objectives; activities you propose to tackle the problem; cost-effectiveness; immediate and long-term results; distinctive features of your project in light of your organization's context; theological foundation for the decision to pursue this project; and the anticipated outcomes.)

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**THE PROJECT** (If more space is necessary; 500 words or less total)

**YOUR PROJECT IMPLEMENTATION PLAN (200 words or less)**

(Please include strategy and timeline: steps to be taken, by whom, and when; numbers and who will be served; project staff and/or consultants; involvement of spiritual practices or theological reflection that will be incorporated into the project.)

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**PROJECT EVALUATION (200 words or less)**

(Please include: your criteria for effectiveness, methods and schedule for measuring results; who and how the assessment will occur; the theological, biblical or spiritual work around anti-racism that will continue.)

**PROJECT CONTINUATION (100 words or less)**

(State how this project will continue with ongoing funding beyond the grant period; future funding sources; other current funding sources.)

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**PROJECT BUDGET (Please attach no more than 1 additional sheet, if needed).**

**INCOME**

<u>Source</u>	<u>Amount</u>
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**EXPENSES**

<u>Item</u>	<u>Amount</u>
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Grant Request Amount \$ \_\_\_\_\_

Total Program/Project Cost \$ \_\_\_\_\_

If awarded, how will the Reconciliation Ministry Grant be spent? [Specify expense item(s)].

Submitted By \_\_\_\_\_ (PRINT)

Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_