

2020 NBA Mission and Ministry Grants Application

Deadline: September 01 2020 at 11:59 PM CDT (Midnight)

ORGANIZATIONAL INFORMATION

THE BASICS ABOUT YOUR ORGANIZATION

A red asterisk that is placed at the end of the question indicates that an answer is **REQUIRED**. If you do not have an answer, simply type "N/A" in the blank.

The Organization's Legal Name *

The Organization's Mailing Address * Please be sure that you record the complete legal name. You can also include the dba (Doing-business-as) name here. This field is required.

This is the old-fashioned, snail mail address. If it is a P.O. Box, please also include a street address should something need to be shipped. This field is required.

City *

State/Province/Territory *

Postal Code *

Country *

Organization's Website (if applicable)

Organization Type *

- Health and/or Social Service Ministry
 Congregation

Organization's Mission Statement *

This is the mission statement for your overall organization/congregation. Later we will ask questions related to the specific project for which you are seeking funding. This field is required.

This field is required.

This field is required.

This field is required.

This field is required.

Please list the URL for the Organization's website.

This field is required.

Please provide a brief summary of your Organization/Congregation *

"Brief" is less than 50 words; an overview; an "elevator speech." This field is required.
Max Number of Words: 50

Please describe your organization's affiliation with the Christian Church (Disciples of Christ) *

Max Number of Words: 100

CONTACT INFORMATION

ORGANIZATION'S PRIMARY CONTACT

Preferred prefix *

- None
- Ms.
- Mrs.
- Mr.
- Rev.
- Dr.
- Other

First Name *

This field is required.

Last Name *

This field is required.

This field is required.

Role/Title *

- Executive Director
- CEO
- Pastor
- Program Director
- Other

Email *

This field is required.

Telephone Number *

This field is required.

PREFERRED CONTACT FOR GRANT

Same information as the Organization's Primary Contact *

- Yes
- No

Preferred prefix *

If the answer is "yes" - you may skip to the Project Information section. This field is required.

- None
- Ms.
- Mrs.
- Mr.
- Rev.
- Dr.
- Other

First Name *

This field is required.

Last Name *

This field is required.

This field is required.

Role/Title *

- Executive Director
- CEO
- Pastor
- Program Director
- Other

Email

This field is required.

Telephone Number *

This field is required.

PROJECT INFORMATION

THE BASICS ABOUT YOUR PROJECT

Project Title *

This is the Title of your Specific Project for which you are seeking funding! This field is required.

Max Number of Words: 10

Relevant Purpose-Restricted Area of Interest *

- Both Educational Purposes for At-Risk Children & Youth and Older Adult Ministries
- Educational Purposes for At-Risk Children and Youth (ages 10-25)
- Older Adult Ministries (Ages 50+)

This field is required.

Provide a detailed project narrative that includes the following: 1) project summary; 2) description of the population and number of persons served; 3) general geographic overview; 4) description of the role and number of volunteers as well as the number of expected volunteer hours associated with the project; and 5) expected implementation timeline. *

This field is required.
Max Number of Words: 500

Outcome Information

Please describe four goals and projected positive impact outcomes of your project that directly relate your project to the applicable purpose-restricted field of interest (Educational Purposes for At-Risk Children and Youth, Older Adult Ministries or Both). Examples of may include: families served, employment attained/provided, meals served, indicators of empowered citizens, improved quality of life, etc.

OUTCOME #1 *

This field is required.
Max Number of Words: 50

OUTCOME #2 *

This field is required.
Max Number of Words: 50

OUTCOME #3 *

This field is required.
Max Number of Words: 50

OUTCOME #4 *

This field is required.
Max Number of Words: 50

Additional Information

What would you like us to know that we have not asked?

Max Number of Words: 150

BUDGET

Current Organization/Congregation Budget

TOTAL ORGANIZATION REVENUE *

\$

Include ALL revenue - foundation, gifts/contributions, grants, program revenue, rental income, event income, other income, etc. All numbers are US dollars.

TOTAL ORGANIZATION EXPENSES *

\$

Please include ALL expenses: personnel, professional fees, occupancy (building, rent), equipment, marketing, fundraising, travel, events, administrative, etc. This field is required.

TOTAL ORGANIZATION/CONGREGATION BUDGET

\$

Upload your organization's Board-approved current-year Operating Budget *

This field is required.

Select File No file selected

Maximum File Size: 10MB , Accepted file types: .doc, .pdf, .docx, .xls, .xlsx

No file attached

This field is required.

Please provide any information that we would need to understand your revenue and expense figures.

Max Number of Words: 100

Budget for Project related to Grant Request

PLEASE NOTE: The numbers in this section refer to the specific project for which you are applying for this grant.

Is the budget for the project related to the Grant request included in your current-year operating budget for the organization/congregation? *

- No
- Yes

Please enter totals for each line item. If there is not a number for you to place in the line, please enter \$0.

This field is required.

Revenue: Foundation Support/Additional Grant Support *

\$

Revenue: Cash Gifts *

If there is no amount for you to place on this line, please enter \$0. This field is required.

\$

Revenue: Government Grants *

If there is no amount for you to place on this line, please enter \$0. This field is required.

\$

Revenue: Program Revenue *

If there is no amount for you to place on this line, please enter \$0. This field is required.

\$

Revenue: Net Fees including government fees and contracts. If there is no amount for you to place on this line, please enter \$0. This field is required.
Rental Income *

\$

Revenue: Net Special Net is amount earned minus expenses. If there is no amount for you to place on this line, please enter \$0. This field is required.
Event *

\$

Revenue: Other Income Net is amount raised minus expenses. If there is no amount for you to place on this line, please enter \$0. This field is required.

\$

TOTAL PROJECT REVENUE *

If there is no amount for you to place on this line, please enter \$0. This field is required.

\$

Expenses: Salaries *

This field is required.

\$

Expenses: Benefits and Taxes *

If there is no amount for you to place on this line, please enter \$0. This field is required.

\$

Expenses: Professional Fees/Contract Support *

If there is no amount for you to place on this line, please enter \$0. This field is required.

\$

Expenses: Supplies *

If there is no amount for you to place on this line, please enter \$0. This field is required.

\$

Expenses: Postage & Shipping *

If there is no amount for you to place on this line, please enter \$0. This field is required.

\$

Expenses: Occupancy *

If there is no amount for you to place on this line, please enter \$0. This field is required.

\$

This includes rent, mortgage costs, costs related to space for the ministry, etc. If there is no amount for you to place on this line, please enter \$0. This field is required.

Expenses: Equipment Rental & Maintenance *

\$

Expenses: Marketing *

If there is no amount for you to place on this line, please enter \$0. This field is required.

\$

Please be sure to include printing, email marketing, graphic design, and advertising. If there is no amount for you to place on this line, please enter \$0. This field is required.

Expenses: Staff Travel *

\$

Expenses: Conferences & Advertising *

If there is no amount for you to place on this line, please enter \$0. This field is required.

\$

Expenses: **Please include any professional development.** If there is no amount for you to place on this line, please enter \$0. This field is required.

Fundraising Costs *

\$

Expenses: Technology *

If there is no amount for you to place on this line, please enter \$0. This field is required.

\$

Please include Wi-Fi, software applications, website costs, etc. If there is no amount for you to place on this line, please enter \$0. This field is required.

Expenses: Other (Please list all other expenses here with dollar amounts. You will list the TOTAL of OTHER expenses in the next question.)

Expenses: TOTAL of OTHER expenses (This is the TOTAL DOLLARS reflected in your answer above.) *

\$

This is the TOTAL from the list generated in Expenses: Other. If there is no amount for you to place on this line, please enter \$0. This field is required.

TOTAL EXPENSES in BUDGET for Project related to Grant Request *

\$

TOTAL BUDGET FOR PROJECT RELATED TO THE GRANT REQUEST *

This field is required.

\$

This field is required.

GRANT REQUEST TO NBA

Funding Information

TOTAL PROJECT COST *

\$

AMOUNT REQUESTED FROM NBA *

This field is required.

\$

How will you plan to sustain the project past the life of this grant request? *

This field is required.

This field is required.
Max Number of Words: 100

FINANCE SUMMARY

AN OVERVIEW

TOTAL CURRENT-YEAR ORGANIZATION/CONGREGATION BUDGET *

\$

TOTAL BUDGET FOR PROJECT RELATED TO GRANT REQUEST *

This dollar figure should match the one that you have listed in Section 4 - BUDGET.

\$

This dollar figure should match the one that is at the end of Section 4: BUDGET.

PERCENT OF TOTAL PROGRAM BUDGET REQUESTED *

 %

To get this percentage, find your Grant Amount Requested and divide it by the Total Budget for Project for which you are Requesting a Grant. Divide by 100. This is your percentage. Enter that number in this field.

GRANT AMOUNT REQUEST TO NBA *

 \$

This dollar figure should match the figure that you have placed in the Section 5: Grant Request to NBA.

ADDITIONAL INFORMATION

Please attach a current W-9 so that, should you receive the grant, we can send your grant dollars to you quickly. *

Select File No file selected

Maximum File Size: 10MB , Accepted file types: .doc, .pdf, .docx

No file attached

Please upload your logo (either the organization/church logo OR the logo for the project for which you are requesting grant funding, if there is one). Should you receive the grant, the NBA will utilize the logo as part of sharing your story with the wider Church. High Resolution JPEG is preferred.

You can find the W-9 form at <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

Select File No file selected

Maximum File Size: 10MB , Accepted file types: .pdf, .jpg

No file attached

SIGNATURE

I affirm that, to the best of my ability, all the information shared here is accurate, up-to-date, and reflects all the information we have to share regarding our Project.

Signature - any typed signature in this space represents an electronic signature of this Project for this Grant process. *

Title/Role of Person who Signed *

Date *

Clear