

Central Plains Mennonite Conference Peace, Justice, and Service Grant Evaluation Form

I. ORGANIZATION

A. Name of Church _____

B. Address/Zip Code _____

C. Contact Person and Title _____

1. Telephone Number _____ Fax _____

2. Email Address _____

3. Make Check Payable to _____

D. Describe the Group Performing the Project (Number of People and Ages)

II. PROJECT

A. Project Title: _____

B. Anticipated Start Date: _____

C. Location of Project: _____

D. Description of Project and Objectives:

III. FINANCIAL INFORMATION

A. Please provide a budget for the project.

B. Amount requested in this grant. _____

C. Explain how much the church or youth group will contribute.

D. Have you applied for other grants? ____ From whom? _____

IV. GENERAL

A. Please provide a description of your vision for this project and why a grant would further the group's goals.

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- B. Attach copies of any significant materials, newsletter, brochures, articles, etc. which shed light on the project or your organization.

Submitted Date: _____