GENERAL CONFERENCE OF SEVENTH-DAY ADVENTISTS WORLD HEADQUARTERS Silver Spring, Maryland United States of America

GLOBAL MISSION IMPACT FUND APPLICATION

This application form is to be completed by local church entities with an outline of the Innovative and inspiring community outreach project requesting funding from the Mission Impact Fund. This form is where the funding process starts and is to be completed and submitted to the local Conference/Union Planned Giving & Trust Services (PGTS) Department or Treasury Department.

If your project is authorized to proceed by your union, it will be sent to your division's PGTS Director for your Division's approval. If your Division approves, it will then be sent to the General Conference Planned Giving & Trust Services Department for the Mission Impact Fund Committee to complete the approval process.

Grant seekers should not necessarily expect to receive the grant they apply for. While it's great to aim high, grants are highly competitive with funds awarded to only a small percentage of applications. Rather than expecting a guaranteed grant approval, it's more effective for applicants to approach each grant with a strategic mindset. Taylor each application to align closely with the Mission Impact Fund's mission, demonstrate clear innovative impact, and illustrate the organizations stability.

Mission Impact Fund Committee

THE APPLICATION FORM

<u>Or</u>	ganization Profile			
1.	Local Organization's Name:			
2.	Local Organization ID# (where applicable):			
3.	Organization Type: Church School	Hospital/Clinic Other:		
4.	Community to Be Served:	Country:		
5.	Conference/Union:	_ Division:		
6. Local Organization's Primary Contact Person (PCP) for the project:				
	First Name: L	ast Name:		
	Email Address:			
	Work Phone No.:	Mobile No.:		
7.	Mailing Address:			
	City: State/Province			
	Zip/Postal Code: Country:			
Pro	<u>piect Information</u>			
8.	Name of project:	Year:		
	(short name			
9.	Launch Date: Completion Date:			
10.	Total Project Budget:	US\$		
	Local funds in hand for project:	US\$		
	Other Funding sources (fill in below*)	US\$		
	Requested Mission Impact Fund Grant amount:	US\$		
	Total Project Funding sources (is equal to "Total Project Budget") US\$			
*Other Funding Sources (e.g.: Fundraisers, etc.):				
	(a)	Total US\$		
	(b)	Total US\$		
	(c)	Total US\$		

11. How will the funds be used? Give cost and timeline where appropriate (e.g.: (1) January – Sunday Health Screening weekly, (2) January to June (2) Do in home visits for shut-ins, (3) hold 1 one-day clinic per week for community.

Project Expen	ses
Line Item	Expense (USD)
Total Budget Expenses	US\$

12. Division KPIs (number(s): _____

13. (a) Describe the **INNOVATIVE** project in no more than 500 words. (b) List top goals:

(a) <u>Project Description</u> (utilize bullet points):	(b) <u>Top Goals</u> (up to 5):
	(1)

14. What is the expected community impact? (75 words or less)

15. What controls will be in place to ensure that the Mission Impact Funds are used as intended?

16. How will the project be measured? (e.g.: total persons reached; number visited clinic, etc.)

- (i) _____
- (ii) _____
- (iii) _____
- (iv) ______(v) ______

Signature of Applicant(s)

(Print)

,	Representative #1 of Applicant Organization	Signature	Date
(Print)		
-	Representative #2 of Applicant Organization	Signature	Date

FOR CONFERENCE EVALUATION ONLY IF APPLICABLE

Met with project team to discuss the proposed project in detail.
Did site visit to evaluate the need(s) presented in the project description and the available amenities where available.
Project meets the Division's strategic plan and advances KPIs (give KPI numbers only) Treasurer Approves Project Budget

Conference approves submission of this application to the Union

Conference Planned Giving & Trust Services Director:				
Print: (First Name)	(Last Name)	(Signature)		
Conference Treasurer:				
Print: (First Name)	(Last Name)	(Signature)		
Submit to Union:	(Name of Union)			
Date:				

FOR UNION EVALUATION ONLY IF APPLICABLE

Confirmed that Conference official(s) met with the project sponsor to discuss the proposed project in detail.
Confirmed that Conference official(s) did site visit to evaluate the need(s) presented in the project description and the available amenities where available.
Project meets the Division's strategic plan and advances KPIs (give KPI numbers only):
The project meets the Mission Impact Fund "Purpose".
The project meets the Mission Impact Fund "Metrics".
Treasurer Approves Project Budget

Union approves submission of this application to the Division

Union Planned Giving & Trust Services Director:

Print: (First Name)	(Last Name)	(Signature)
Union Treasurer:		
Print: (First Name)	(Last Name)	(Signature)
Date:		
Union:	Divisio	on:
Date Submitted:		

FOR DIVISION APPROVAL ONLY

The Division has accountability mechanisms in place to monitor this project.
Project meets the Division's strategic plan and advances KPIs (give KPI numbers only):
This project meets the Mission Impact Fund "Purpose". IS IT INNOVATIVE AND INSPIRING?
This project meets the Mission Impact Fund "Metrics".
Treasurer Approves this Project Budget.

Division approves submission of this application to the <u>The General Conference Mission Impact Fund Advisory Committee</u> (must be submitted no later than May 1)

Division President/Executive Secretary:

Print:	(First Name)	(Last Name)	(Signature)	
Date:				
<u>Divisio</u>	n Treasurer:			
Print:	(First Name)	(Last Name)	(Signature)	
Date:				
<u>Divisio</u>	n Planned Giving & Tru	st Services Director:		
Print:	(First Name)	(Last Name)	(Signature)	
Date:		Division:		