

**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. Tailor 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**

**Organization 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: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Work Phone No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_
7. Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province \_\_\_\_\_  
Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

**Project Information**

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.

<b>Project Expenses</b>	
<b>Line Item</b>	<b>Expense (USD)</b>
<b>Total Budget Expenses</b>	US\$

12. Division KPIs (number(s): \_\_\_\_\_

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

(a) Project Description (utilize bullet points):

(b) Top Goals (*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*





