



## ETHNIC LOCAL CHURCH/ MINISTRY GRANT

North Georgia Conference of the United Methodist Church

Committee on Ethnic Local Church Concerns

4511 Jones Bridge Circle, Norcross, GA 30010

678-533-1444 FAX: 678-533-1447

Please consult the Guidelines of the Committee on Ethnic Local Church Concerns (ELCC) for the criteria for funding from the ELCC. Note: All applications must be submitted on this form. Deadlines for submission of these forms are February 1; April 1; August 1; and October 1 of each year. Late submissions will be considered by the ELCC during the next cycle.

### Church or Ministry requesting this Grant:

Address of Church or Ministry \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Cell and Phone Numbers \_\_\_\_\_  
Email \_\_\_\_\_ Amount \_\_\_\_\_  
Address \_\_\_\_\_ District \_\_\_\_\_ Requested \$ \_\_\_\_\_

Meets ELCC Criteria? \_\_\_\_\_ How many prior ELCC grant requests? \_\_\_\_\_  
(Yes/ No)

Purpose of the Request – How the money will be spent (Be specific and concise):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When the money is needed: \_\_\_\_\_

Please attach the following with your application:

A copy of the budget and other sources of income for this initiative.

Detailed documentation for all proposed expenditures.

Other information that might assist the ELCC in its decision.

### FOR COMMITTEE USE ONLY:

Date Received \_\_\_\_\_ Meets Criteria? \_\_\_\_\_ Date Referred to ELCC \_\_\_\_\_  
(Yes/No) (Date)

Date Approved \_\_\_\_\_ Amount Approved \_\_\_\_\_  
(Signature of Chair and Date)

Date Denied \_\_\_\_\_ Rationale \_\_\_\_\_  
(Signature of Chair and Date)

Date Applicant Notified \_\_\_\_\_ Date DS Notified \_\_\_\_\_

(Attach a copy of all letters sent communicating the ELCC's decision on the application.)