

Date Received: \_\_\_\_\_  
County: \_\_\_\_\_  
Grant Application #: \_\_\_\_\_

CODE:  
New Church – NC  
Ethnic Min. – EM  
Relocation – R  
Merger – M  
Mission – MS  
Remission – RMIS

GRANT APPLICATION

**CHARLOTTE DISTRICT MISSION SOCIETY**

I. GENERAL INFORMATION

Church Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Directions to Church: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pastor: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Residence Phone: \_\_\_\_\_

Lay Contact Person for Project: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Residence Phone: \_\_\_\_\_

Names of Building or Special Project Committee:

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

When did they begin their work? \_\_\_\_\_

Type of Project:  "Bricks & Mortar"  Land  Program  Church Growth  Missional Outreach  Other

Project Category:  Ethnic Ministry  Declining Congregation  Congregational Ministries in transitional neighborhood  Ministry with the poor

Brief Description of Project: \_\_\_\_\_

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

Architect (*if any*): \_\_\_\_\_

Contractor (*if any*): \_\_\_\_\_

Lender: \_\_\_\_\_

Target Completion Date: \_\_\_\_\_

Have plans been approved by District Board of Church Location and Building? \_\_\_\_\_

## II. MISSIONAL ANALYSIS

### A. Categorize Your Community:

- Growing exponentially  
 Growing steadily  
 Declining with same ethnic makeup  
 Changing ethnically but stable in population  
 Changing residentially to multiple housing  
 Becoming commercial  
 Declining in population and viability  
 Other: \_\_\_\_\_

### B. Describe the State of Your Church:

- Survival Mode  
 Maintenance Mode  
 Missional Mode  
 Missional/Growth Mode

### C. Statistical Analysis of Your Church:

- Membership \_\_\_\_\_  
 Worship Attendance \_\_\_\_\_  
 Sunday School membership \_\_\_\_\_  
 Sunday School attendance \_\_\_\_\_  
 Children/youth under 18 \_\_\_\_\_  
 Adults retired or retirement age \_\_\_\_\_  
 Growth/loss trends since 1974 \_\_\_\_\_  
 Growth/loss trends since 1990: \_\_\_\_\_  
 New members received this year \_\_\_\_\_

### D. Describe the Nature of Your Church:

- Family fellowship "single cell"  
 Community landmark and neighborhood congregation  
 Commuting congregation  
 Dying church  
 Seven day a week ministry center  
 Regional center (implies large)  
 Mission (implies small)  
 Other: \_\_\_\_\_

### E. Missional Intent:

1. Why is your church doing this? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 2. How many additional people can be potentially reached? \_\_\_\_\_
- 3. What ages/stages can be reached in addition to present ministries?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 4. Geographic target area: \_\_\_\_\_
- 5. Demographic target group: \_\_\_\_\_
- 6. Short-term impact on your church: \_\_\_\_\_  
 \_\_\_\_\_
- 7. Long-term impact on your church: \_\_\_\_\_  
 \_\_\_\_\_
- 8. What will happen if this project is not completed? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

III. ORGANIZATION AND STRATEGY

- A. Time line for goals: \_\_\_\_\_  
 \_\_\_\_\_
- B. Strategies for reaching goals: \_\_\_\_\_  
 \_\_\_\_\_
- C. Responsible groups for strategic design and implementation:  
 \_\_\_\_ Building committee  
 \_\_\_\_ Mission group  
 \_\_\_\_ Evangelism group  
 \_\_\_\_ Other: \_\_\_\_\_

IV. FINANCIAL ANALYSIS

- A. Current church operating budget: \$ \_\_\_\_\_
- B. Percentage of budget underwritten with pledges: % \_\_\_\_\_
- C. Current debt: \$ \_\_\_\_\_
- D. Building Fund (or other) balance on hand: \$ \_\_\_\_\_
- E. Amortization: (a) monthly payments \$ \_\_\_\_\_  
 (b) payout date \_\_\_\_\_
- F. Amount of debt balance now pledged: \$ \_\_\_\_\_

G. Plans for further Capital Campaigns (describe):

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H. Dollar amount requested from District Mission Society? \$ \_\_\_\_\_

I. Dollar amount requested from Other Sources:

- 1. Duke Endowment \$ \_\_\_\_\_
- 2. Conference Vision Builders Society \$ \_\_\_\_\_
- 3. Ethnic Minority Fund \$ \_\_\_\_\_
- 4. General Board of Global Ministries \$ \_\_\_\_\_
- 5. Local Church Endowment Income \$ \_\_\_\_\_
- 6. Other: \_\_\_\_\_ \$ \_\_\_\_\_

J. What difference will the DMS Grant make? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

K. Write here (or attach) Rationale Statement.