

**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 Department or Treasury Department.

If your project is authorized to proceed by your union, it will be sent to your Division's Planned Giving & Trust Services 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: _____ 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\$** _____
11. Local funds in hand for project: _____ **US\$** _____
Other Funding sources *(fill in (a)-(c) 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 Expenses	
Line Item	Expense (USD)
Total Budget Expenses	

12. Division KPIs (number(s): _____

13. (a) Describe the **INNOVATIVE** project in no more than 200 words. (b) List top goals:

(a) Project Description (utilize bullet points):

(b) Top Goals (up to 5):

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. **IS IT INNOVATIVE AND INSPIRING?**

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. **IS IT INNOVATIVE AND INSPIRING?**

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: _____ Division: _____

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
The General Conference Mission Impact Fund Advisory Committee**
(must be submitted no later than May 1)

Division President/Executive Secretary:

Print: _____ (First Name) _____ (Last Name) _____ (Signature)

Date: _____

Division Treasurer:

Print: _____ (First Name) _____ (Last Name) _____ (Signature)

Date: _____

Division Planned Giving & Trust Services Director:

Print: _____ (First Name) _____ (Last Name) _____ (Signature)

Date: _____ Division: _____