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

GLOBAL MISSION IMPACT FUND APPLICATION - 2027

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. Please fill out this form as instructed, descriptions must be brief, less than 100 words is best. Failure to follow the requirements can lead to disqualification.

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 organization's stability.

If you have the software to fill the application electronically, e.g.: Adobe Pro, please save and submit the application as is, do not print and scan, portions of the filled area gets lost, as a result we will be able to read the information that is provided. The exception for printing and scanning the form is for those who do NOT have the software to fill it electronically.

Mission Impact Fund Committee

THE APPLICATION FORM

Organization Profile

1. Local Project 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: Select
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: _____ Project Year: _____
   (short name)
9. Launch Date: _____ Projected 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$ 0.00**

    *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	US$ **0.00**

12. Division KPIs (number(s)) to be satisfied by this project: _____

13. (i) Give **Brief** description of this **INNOVATIVE** project in the space provided using font size 11.5 to 12 (if this space is exceeded, this will lead to automatic disqualification) and (ii) List top goals:

(i) Brief Description:

_____

_____

_____

(1) _____

(2) _____

(3) _____

(4) _____

(ii) Top Goals *(up to 5)*:

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

14. What impact(s) will this project have on the community?

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

(6) _____

15. What control will be in place to ensure that ***the funds received from MIF*** are used as intended?

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

(6) _____

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

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

Signature of Applicant(s)

Print:	*Applying Organization's Representative #1*	*Signature*	*Date*
Print:	*Applying Organization's Representative #2*	*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 General Conference Strategic plan and advances Mission For All, Measurable Goals (MFA MGs) (give MG's numbers only, e.g.: 4.1, 4.4)

_____

☐ 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 General Conference Strategic plan and advances Mission For All, Measurable Goals (MFA MGs) (give MG's numbers only, e.g.: 4.1, 4.4):

_____

☐ 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: _____

Name of Union: _____ Division: Select

Date Submitted: _____

FOR DIVISION EVALUATION ONLY

☐ The Division has accountability mechanisms in place to monitor this project.

☐ Project meets the General Conference Strategic plan and advances Mission For All, Measurable Goals (MFA MGs) (give MG's numbers only, e.g.: 4.1, 4.4):

_____

☐ 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: Select