

RECONCILIATION GRANT APPLICATION FORM
Promoting Racial Justice and Reconciliation

1. Organization Submitting Proposal _____
2. Address of Organization _____
3. Telephone _____ Number of Times Applied _____
(including this one)
4. Funds Sought from Christian Church in Indiana Reconciliation Ministries: \$ _____
5. Name of Project _____
6. Name of Project Coordinator _____
7. Name of Contact Person _____
8. Project Mailing Address _____
_____ Telephone _____
9. **Description of Project:**
 - a. Location where project will be operated _____

 - b. Conditions calling for action _____

 - c. How does this project address the issue of racism? _____

 - d. Number of persons to be reached _____
 - e. Available resources (physical, personnel, etc.) _____

10. **Goals of the Project:**

a. Desired Results to be achieved _____

b. Strategies for realizing these goals _____

11. How will this program differ from other similar programs in the community: _____

12. a. Have the people to be served participated in planning the project? __ Yes __ No

If so, how? _____

b. Racial composition of the people to be served _____

13. **Proposed Budget:**

A. **Total Anticipated Yearly Cost of the Project:** \$ _____

1. **Anticipated Income:**

- (a) Local Churches _____
- (b) Regional or National Church _____
- (c) Foundations, etc. _____
- (d) Other Disciples of Christ Agencies _____
- (e) Other _____

Total: \$ _____

2. Anticipated Expenditures:

- (a) Salaries _____
- (b) Program Costs _____
- (c) Others (itemized): _____

Total: \$ _____

14. When will program be initiated? _____

15. How long will it be in operation? _____

16. Description of sponsoring agency (origin, general purpose, secular, ecumenical, or denominational relationship): _____

Is it incorporated? ____ Yes ____ No. Is it tax exempt? ____ Yes ____ No.

17. Describe the composition of the policy-making board (representation of race and constituency

18. Plans for evaluation

19. Plans for annual auditing _____

Names/Addresses of agencies/organizations endorsing this project:

Submitted by _____

(Name)

(Position)

Regional Staff

Date of Consultation

Note: Please attach a copy of your budget, the latest annual report of the requesting agency, including financial statements and any other pertinent information which could help the commission in making a decision. Please return to Christian Church in Indiana, Reconciliation Ministries, 1100 W. 42nd Street, Indianapolis, Indiana, 46208. Telephone: 317/926-6051; fax: 317/931-2034.