Fiscal Projects Grant Request Form

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| --- |
| Church/Organization Name: Click or tap here to enter text. |
| City: Click or tap here to enter text. | Province: Click or tap here to enter text. | Postal Code: Click or tap here to enter text. |
| Contact Name: Click or tap here to enter text. | Position: Click or tap here to enter text. |
| Email address: Click or tap here to enter text. | Phone: Click or tap here to enter text. |
| Project Name: Click or tap here to enter text. |
| Project Type\*: [ ]  Health [ ]  Eco-Based [ ]  Community Development |
| Proposed Project start date: Click or tap to enter a date. |
| Project end date: February 1, 2024 |
| Project location (city/town/local area):Click or tap here to enter text. |
| Total Grant Requested from ADRA: $Click or tap here to enter text. |
| Project reviewed by ADRA Ambassador/ Community Services Director and approved by church board: [ ] NO [ ] YES IF YES, CHURCH BOARD MEMBER SIGN HERE.  |

# When completed, forward to your Conference Representative by April 6, 2023 and a copy to sonja.fraser@adra.ca. Please print or type the following information:

\* Health (e.g., PSS, Lifestyle, Health Ed.); Eco-based (e.g., community gardens); Community Development (e.g., food security, employment, homelessness, visual/hearing impaired)

# Please respond to the following questions:

1. Describe the problems that will be addressed.
2. Describe the specific objectives of the proposed project.
3. List the specific activities that your church/organization will undertake in the project.
4. How many people will be served through the project? (specify how many males and females)
5. How many volunteers are expected to participate? (specify how many males and females)
6. What are the specific ways that the project will promote environmental protection and promotion? Discuss also how the proposed intervention addresses climate change issues, if applicable.

# 7. Grant Request Budget Details:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Project Items/ Activities** | **Select Box that applies for each item/ activity listed** |  **Cost (CAD)**  |  **Church contribution (CAD) (cash and/or in-kind) \***  |  **Estimated Conference contribution (CAD)**  |  **Requested ADRA contribution (CAD)**  |
| **Health** | **Eco-Based** | **Comm. Dev.** |
|  **Cash** | **In-Kind** |
| a. |  |  [ ]  |  [ ]  |  [ ]  |  $ |  $ |  $ |  $ | $ |
| b. |   |  [ ]  |  [ ]  |  [ ]  |  $ |  $ |  $ |  $ | $ |
| c. |   |  [ ]  |  [ ]  |  [ ]  |  $ |  $ |  $ |  $ | $ |
| d. |   |  [ ]  |  [ ]  |  [ ]  | $ |  $ |  $ |  $ | $ |
| e. |   |  [ ]  |  [ ]  |  [ ]  |  $ |  $ |  $ | $ | $ |
| f. |   |  [ ]  |  [ ]  |  [ ]  |  $ |  $ |  $ |  $ | $ |
| g. |   |  [ ]  |  [ ]  |  [ ]  |  $ |  $ |  $ |  $ | $ |
| h. |   |  [ ]  |  [ ]  |  [ ]  |  $ |  $ |  $ |  $ | $ |
| i. |   |  [ ]  |  [ ]  |  [ ]  |  $ |  $ |  $ |  $ | $ |
| j. |   |  [ ]  |  [ ]  |  [ ]  |  $ |  $ |  $ |  $ | $ |
| **TOTALS** | **\*\*$ 0.00**  | **\*\* $ 0.00** | **\*\* $ 0.00**  | **\*\* $ 0.00**  | **\*\*$ 0.00** |

**\*NOTE: If there is full or partial in-kind contribution, please provide the estimated monetary value of in-kind contribution
\*\* Right click and select** “**UPDATE FIELD**” **to see totals.**