**Relief, Recovery, and Rebuilding**

**Grant Application**

**Mid-South District Disaster Response**

**Project Name:**

**Project Location:**

**Project Director Name:**

**Address:**

**Email: Phone:**

**Sponsoring Church:**

**President/Director:**

**Address:**

**Email: Phone:**

**Amount Requested:**

**Needs Statement**

|  |
| --- |
| **Describe what happened. What community needs or problems are addressed by this project? Why is this project important?** |
|  |

**Project Information**

|  |
| --- |
| **Who will be served by the project? How many will be served?** |
|  |
| **What are the project goals?** |
|  |
| **What activities will you engage in to accomplish these goals?** |
|  |
| **What are the short- and long-term measurable outcomes to be achieved by this grant?** |
|  |
| **What is the timeline for implementing this grant?** |
|  |
| **List other organizations and describe efforts that integrate with this project work?** |
|  |

**Evaluation**

|  |
| --- |
| **How do you plan to track and measure the effectiveness of your project?** *(Examples: intake sheets, participation checklists, pre and post surveys, client questionnaires, follow-up surveys, etc.)* |
|  |

**Budget Narrative**

|  |
| --- |
| **Please provide a list of anticipated project expenses.** |
|  |
| **Has/will this project receive funding assistance from other sources? If so, from whom and how much?** |
|  |

# APPROVALS

**Prepared By** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title Date Submitted

**Approved By** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsoring Church Executive

Email completed form to: Rev. Dr. Roger Paavola, Mid-South District President, at [*rpaavola@mid-southlcms.com*](mailto:rpaavola@mid-southlcms.com)

Fax completed form to: Rev. Dr. Roger Paavola at 901-373-4826

MSD Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Disbursed: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Disbursed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_