**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**

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

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

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| **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.)* |
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**Budget Narrative**

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

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

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

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