**Church Information:**

Name of Church (full legal name):

Street Address:

City, State & Zip Code:

County: Telephone:

Date Church Constituted:

Is Church Incorporated? Yes No Month Fiscal Year Ends:

**Pastor’s Information:**

Pastor’s Name:

Pastor’s Residential Address:

City, State & Zip Code:

Telephone:

**Officer Information:**

Name of Church Clerk:

Name of Trustees:

**Grant Information:**

Amount of Grant Requested from DBC (not to exceed $5,000):

Date Church Voted to Request Grant (attach minutes):

Purpose/Use of Grant (please write a brief narrative):

Total Estimated Cost of Project:

Anticipated Starting Date:

Have You Requested Help from Your Association? Yes No

Dollar Amount Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Granted: Yes No

Please Share Your Church’s Contribution to This Project:

Dollar Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Volunteer Work Hours:

**Confirmation & Signature by Church Officers:**

*We, the officers of the cooperating church, affirm that it is the church’s intention to seek a grant from the Dakota Baptist Convention. We have reviewed the information reported in this application and declare it to be true and accurate:*

Pastor:

*Print name Sign name*

Lay Leader:

*Print name Sign name*

Lay Leader Position Held:

**-----------------------------------------------------------------------------**

**Instructions for submitting application:**

1. Complete this application in full; return along with your present church budget and two-three months of most recent financial statements of the church.
2. Return the application and supporting documents to:   
   **Dakota Baptist Convention, PO Box 549, Rapid City, SD 57709**.
3. A representative of the Dakota Baptist Convention will contact you regarding the processing of your request.