

Fiscal Project Grant Request Form

Forward to your Conference Representative by February 29, 2024. Please type the following information:

| Church/Organization Name: | | | | | | | | | | |
|--|-----------|-----------------------|--|--|--|--|--|--|--|--|
| City: | Province: | Postal Code: | | | | | | | | |
| Contact Name: | Position: | | | | | | | | | |
| Email address: | Phone: | | | | | | | | | |
| Project Name: | | | | | | | | | | |
| Project Type*: 🗌 Health | Eco-Based | Community Development | | | | | | | | |
| Proposed Project start date: | | | | | | | | | | |
| Project end date: February 1, 2025 | | | | | | | | | | |
| Project location (city/town/local area): | | | | | | | | | | |
| Total Grant Requested from ADRA (will autopopulate): \$ | | | | | | | | | | |
| Project reviewed by ADRA Ambassador/Community Services Director $$ & approved by church board: \Box NO $$ \Box YES | | | | | | | | | | |

* 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.



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 | Requested ADRA contribution | |
|---------------------------|--------|--|-------|---------------|---|------|---|-----------------------------------|--------|
| | | Health Eco- Based | Comm. | (CAD) | | | (CAD) | (CAD) | |
| | | | Based | Dev. | | Cash | In-Kind | (0/12) | (0,12) |
| a. | | | | | | \$ | \$ | \$ | \$ |
| b. | | | | | | \$ | \$ | \$ | \$ |
| с. | | | | | | \$ | \$ | \$ | \$ |
| d. | | | | | | \$ | \$ | \$ | \$ |
| e. | | | | | | \$ | \$ | \$ | \$ |
| f. | | | | | | \$ | \$ | \$ | \$ |
| g. | | | | | | \$ | \$ | \$ | \$ |
| h. | | | | | | \$ | \$ | \$ | \$ |
| i. | | | | | | \$ | \$ | \$ | \$ |
| j. | | | | | | \$ | \$ | \$ | \$ |
| | TOTALS | | | | | | | | |

*NOTE: If there is full or partial in-kind contribution, please provide the estimated monetary value of in-kind contribution