

## Capital Grant

### DISTRICT CHURCH LOCATION & BUILDING TEAM

*Maximum grant of \$4,000 – After District Superintendent consults with the Church Location & Building Team; the District Location & Building Team will review the request and give their recommendation to the District Superintendent.  
Grants will be awarded contingent on fund availability.*

Date \_\_\_\_\_ Church \_\_\_\_\_

Describe the capital project for which the grant is needed:

Project starting date: \_\_\_\_\_ Scheduled completion date: \_\_\_\_\_

How will this grant help you and your congregation continue in the ministry of making new disciples?

Describe the financial plan for completing this project:

\_\_\_\_\_ - Total cost

\_\_\_\_\_ - Amount the local church is investing

\_\_\_\_\_ - Amount you are requesting from the District

\_\_\_\_\_ - Amount from other sources

\_\_\_\_\_ - Amount you are seeking in a loan from a financial institution

Does the church have any current capital indebtedness? \_\_\_\_ Yes \_\_\_\_ No

If yes, then please state the amount owed and to whom:

Has the above project and financing been approved by the following:

\_\_\_\_ Yes \_\_\_\_ No Local Church Board of Trustees

\_\_\_\_ Yes \_\_\_\_ No Local Church Finance Committee



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\_\_\_ Yes \_\_\_ No Local Church Administrative Board

\_\_\_ Yes \_\_\_ No Official Church or Charge Conference

Is the cost of the project more than 25% of the current evaluation of your church building? \_\_\_ Yes \_\_\_ No

Have you paid your District apportionments in full the past three years? \_\_\_ Yes \_\_\_ No

If not, list the percentage paid each year and your plan to reach 100% in the coming year?

Have you paid your Conference apportionments in full the past three years? \_\_\_ Yes \_\_\_ No

If not, list the percentage paid each year and your plan to reach 100% in the coming year?

Administrative Board Chair \_\_\_\_\_ (Signature) Date \_\_\_\_\_

Trustees Chair \_\_\_\_\_ (Signature) Date \_\_\_\_\_

Pastor \_\_\_\_\_ (Signature) Date \_\_\_\_\_

\*When this form has been completed and properly signed, mail or e-mail to:

Shawnee Valley District UMC  
573 E Main St  
Chillicothe, Ohio 45601  
dhall@woucmc.org

.....  
District use only:

Date approved by District Location & Building Team \_\_\_\_\_

District Superintendent Signature \_\_\_\_\_ Date \_\_\_\_\_

COMMENTS: