



Covenant Children's Ministries

PO Box 518 Princeton, IL 61356 (773) 989-1610 ext. 5023

The MISSION OF Covenant Children's Ministries is to show the love of Jesus Christ to children in need

2019 Mission and Ministry Grant Program Grant Application Form

Mission and Ministry Grant funds (MMG) are available for organizations demonstrating financial need for programming which serves At-Risk Youth. Please note: the application deadline is March 4, 2019. Applications will not be accepted after that date. The application can be downloaded at www.ccmprinceton.org prior to that date. Please email the completed application and all supporting materials to ccminfo@cmb.org or mail all application materials to: Covenant Children's Ministries, c/o Ron Dixon, 5145 N. California Avenue, Chicago, IL 60625. Please refer to the CCM Ministry Values, the At-Risk Youth Guidelines, and the Grant Procedure Guidelines for more information.

Note: If you are seeking funds to support camping opportunities for youths, you must apply for those funds directly from Covenant Harbor or Covenant Point. Please contact those organizations directly for information on their application process.

In order to be eligible for funding, your program must be a part of the Evangelical Covenant Church (ECC) or you must collaborate with an entity within the ECC.

Because MMG grant funds are limited and are not intended not to be an ongoing source of funding, priority consideration will be given to first time applicants.

All applications must include a letter of support from the Superintendent of the Conference where the program takes place.

Section I – General Information

Please use this document to respond to the questions below, using separate sheets of paper as necessary. Please keep responses brief, but informative. Be sure to attach additional documentation as requested (budgets, etc.)

Date of Application: _____ Total Amount Requested from CCM: _____

Date Funds are Needed _____ Program Term _____

(Please note: Grant applications are accepted for amounts ranging between \$1,000 and \$10,000. CCM funds **are not** to be used for capital improvements or expenditures.)

Name of Program: _____

Are you a church or organization within the Central Conference of the Evangelical Church?

If not, please identify the Evangelical Covenant Church that you will be partnering with below:

Primary Contact Information (This is where all correspondence between CCM and your organization will be directed)

Organization Name			
Address			
Contact Person		Title	
Phone Number		Email	

If this program is a collaboration between multiple organizations, please list all partners below.

Organization Name	Contact Person	Phone Number	Email address

Organization Website: _____

Is the organization:

Church

501(c)(3) attached to a church

Non Profit, Faith Based Organization

Please list the organization's Board of Directors and/or the Pastor and Officers of the church.

Name	Name	Name

Has your organization received a CCM grant previously? _____

Briefly describe amount of grant and past projects/programs for which you received CCM funds.

Section 2 – Program Information *(Please limit responses to space provided)*

1. In one or two paragraphs, describe the program or ministry. Is this a new, continuing, or one-time program/project? Please address program purpose; why it is needed, how and why it was chosen. Be sure to detail important programmatic history where applicable; i.e., when did the program begin, connection with ECC, past successes or challenges based upon established metrics, etc.

2. Briefly explain how your program/ministry aligns with the Mission and the Values of Covenant Children's

5. Please indicate how these funds will be used to create greater awareness of the needs of At-Risk children and youth, if applicable?

Please use the remaining space to provide any additional information about your program that you think will be helpful for Covenant Children's Ministries to consider in making determinations on awards.

Please submit all application materials including budget and letter of support to the address listed at the top of the application by the deadline.

Name of Person Submitting Application

Date

Signature