



**GRANT APPLICATION**  
**Next Generations Ministry**  
American Baptist Churches of Ohio

Name of Program/Event \_\_\_\_\_

Collaborating Churches and Organizations \_\_\_\_\_

\_\_\_\_\_

Project Date of Event or Program Start \_\_\_\_\_

Name, Address, email address and phone number of Primary Contact Person

\_\_\_\_\_

\_\_\_\_\_

**PROGRAM/EVENT DESCRIPTION** Briefly describe the program or event you are planning.

**PROGRAM/EVENT PARTICIPANTS** Identify the target audience for the event or program.

**PROGRAM OR EVENT ORGANIZERS AND SPONSORS** Identify the ABC/Ohio Congregations and American Baptist Organizations who are organizing and sponsoring the event/program. Who serves on the leadership team for the event/program?

**BUDGET** Identify the expenses involved in your project/event such as speaker fees, supplies, facility usage, etc. and the anticipated cost of each expense.

Expenses:

Cost:

List any source of funds other than the ABC/Ohio Grant {if any}, and how much money will be provided from the other sources. Include in-kind contributions such as building use, equipment use, supplies, copying, mailing, etc.

Source:

Amount:

**EVALUATION** Explain how you will evaluate the event or program, how you will know if it has been successful.

**SIGNATURES** Please include the signatures below of the representatives of each congregation or organization involved in the implementation of the event/program.

_____	Signature
_____	Church name
_____	Signature
_____	Church Name
_____	Signature
_____	Church Name
_____	Signature
_____	Church Name
_____	Signature
_____	Church Name
_____	Signature
_____	Church Name

Please submit your application to:

Rev. Mark Click  
Executive Minister  
American Baptist Churches of Ohio  
136 North Galway Drive  
Granville, OH 43023

Or scan and e-mail your application to [markclick@abc-ohio.org](mailto:markclick@abc-ohio.org)

Or fax it to 740-587-0804