



# Breakthrough Ministry Grant Application

Partnership Grants from the Dakotas United Methodist Foundation  
and Dakotas Conference of the United Methodist Church

(please attach additional pages as necessary)

**Awarded Quarterly—Application Deadlines: January 31, April 30, July 31, October 31**

**Granting Dates—February 15, May 15, August 15, November 15**

*\*\*Breakthrough Ministry Grants are intended to be seed money to launch new ministries  
and/or expand existing ministries to reach/impact new people  
as a response to the movement of the Spirit in the hearts of Dakotas United Methodists.*

Church Name \_\_\_\_\_

-OR- Dakotas UMC Agency/Organization/Team \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_ (\$2,000 maximum)

Mailing Address \_\_\_\_\_

Contact Name \_\_\_\_\_ Position \_\_\_\_\_

Contact Phone \_\_\_\_\_ Cell \_\_\_\_\_ Contact email \_\_\_\_\_

If you are a church, have you been making regular apportionment payments? Y\_\_\_\_ N\_\_\_\_ Unsure \_\_\_\_

**Project type: (Check all that apply)** \_\_\_\_ new project \_\_\_\_ enhancement of existing project \_\_\_\_ health/wellness  
\_\_\_\_ children/youth \_\_\_\_ mission of mercy /service \_\_\_\_ education \_\_\_\_ fundraising for missions  
\_\_\_\_ Outreach/evangelism \_\_\_\_ Worship \_\_\_\_ Other \_\_\_\_\_

**Briefly explain the project including how the idea/dream was birthed and goals for future outcomes.**

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**Explain how you have been praying for this project as a group and your plans for ongoing prayer for the future of this ministry/project.** \_\_\_\_\_

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**Explain how this project/ministry fulfills the mission to Make NEW disciples of Jesus Christ for the transformation of the world.** \_\_\_\_\_

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What local assets (including financial and people) are already mobilized for this project? \_\_\_\_\_

\_\_\_\_\_

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What additional local assets are available for this project? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List other partner organizations or institutions currently involved or that may be involved in the future of the project.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Budget Amt for project: \_\_\_\_\_ Expected start date: \_\_\_\_\_ One-time event? \_\_\_\_yes \_\_\_\_ no

If ongoing, how will project be supported in the future? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(For informational only – we realize that there are areas and cities that vary in population.)*

\*Anticipated number of people working on the project: Adult \_\_\_\_\_ Youth \_\_\_\_\_ Children \_\_\_\_\_

\*Anticipated number of people impacted by/with the project: \_\_\_\_\_

**Please submit this electronically to: Diane.Weller@dakotasumf.org – Subject line: Breakthrough Ministry Grant**

Signature of Contact \_\_\_\_\_ Date: \_\_\_\_\_

*(If submitted in printed form by mail)*

**Please mail to:**  
**Dakotas Annual Conference**  
**Attn: Breakthrough Ministry Grant Review Team**  
**PO Box 460**  
**Mitchell, SD 57301**  
**Phone: 605-996-6552**

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*Most funds are not intended to be used for salary support.*

*New projects are preferred, however enhancement or new direction of an existing project is acceptable.*

**Acceptance of awarded funds indicates agreement to submit a follow up report and photos (for news) within 30 days of receiving funds and beginning project.** *Reports of results may be used in Conference promotional materials (printed, electronic & video).*

*Remember: It is better to have tried and failed than to never have tried at all. Your feedback on all results are needed to make this grant and other programs better. Thank you.*

*Acceptance indicates understanding that **all** money will be used directly for the above project and specified purpose. Please save all receipts should a review be requested by grantor.*