

Breakthrough Ministry Grant Application

Partnership Grants from the Dakotas United Methodist Foundation and the 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 or Dakotas UMC Agency/Organization/Team _____

Ministry/Project Name _____

Amount Requested \$ _____ (\$2,000.00 maximum)

Mailing Address _____

Contact Name _____ Position _____

Contact Phone _____ Contact E-mail _____

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.

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.

Explain how this project/ministry fulfills the mission to *Make NEW Disciples of Jesus Christ for the Transformation of the World.*

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

What additional local assets are available for this project?

List other partner organizations/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? Y N

How will grant funds be used?

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

(For information 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, please mail to:

**Dakotas Annual Conference of the UMC
Attn: Breakthrough Ministry Grant Review Team
PO Box 460
Mitchell, SD 57301**

* 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 publicity) within 30 days of receiving funds and beginning project. Reports 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.