



# Abundant Health 2023 Grant Application Form

Date:

Contact First and Last Name:

Contact email:

Contact Phone Number:

---

Name of Organization (church, ministry, or other agency):

Organization Address (Address, City, State, Zip):

Organization Phone:

Address:

City, State, and Zip:

---

1. Describe the work of your proposed project. Be sure to include the central purpose, target audience, goals, key activities and timeline.
2. How does this project address health in at least one area of Mind, Body, and/or Spirit?
3. How will your church community be involved? How will your community partners be engaged? How will your community benefit from this project?
4. Explain the need your project addresses and why you are passionate about addressing that need.
5. Is this project an extension of an existing ministry? If it is, in what way are you extending it?
6. What would successful results from this project look like? How will you measure the impact of the project?
7. How will you tell the story to your church/organization, community and to others? (E.g. local newspaper, church newsletter, bulletin, conference newsletter.)
8. How will you follow up with your project's participants beyond the grant period?
9. Please attach a budget for your project including anticipated timeline for budget expenditures, including funds from other sources. Include total amount of funding you are requesting.

10. Comments:

---

**Please Return Completed Application (along with all backup documents) to:  
Jana Jones, Conference Abundant Health Coordinator at [jl.jones@outlook.com](mailto:jl.jones@outlook.com)**