Date received: _____
for grant committee use only

Boston Southwest / Boston Baptist Social Union
Grant Application

Important!

For Grant applications to receive consideration, the following requirements must be met:

1. Grants must fulfill the outreach/community needs of the church's local community. Applications requesting funds for foreign missions will not be considered.
2. The applying congregation must be current with respect to paying its dues assessment to the Boston Southwest Association

Church Information

Church Name: _____

Church Address:

Number and Street: _____

City: _____ Zip: _____

Mailing Address (if different from physical location)

Name: _____

Address: _____ City: _____ Zip: _____

Year that church was founded: _____

Year that church joined ABC of Massachusetts (TABCOM): _____

Church's current annual operating budget: _____

Number of church employees (other than Pastor): Full-time: _____ Part-time: _____

Church Phone: _____ Church Fax no. _____

Church website: _____

Church e-mail: _____

Pastor's Information

Name: _____

Phone: _____ Phone type: ☐ Cell ☐ Home ☐ Office

Pastor is: full-time ☐, or Part-time ☐

Email: _____

Pastor's Fax no. (if different from church): _____

Contact Person (if other than Pastor)

Name: _____

Position in the church (e.g. Deacon, Moderator, etc.) _____

Phone: _____ Email: _____

Fax no. (if different than church): _____

TABCOM Participation

List the most recent TABCOM meeting(s) and/or event(s) attended by the pastor

List the most recent TABCOM meeting(s) and/or event(s) attend by church member(s)

Your Church's Ministries

List the highlights of your church's ministry (*examples:* food pantry, housing, clothing, transportation, youth ministry, substance abuse, senior ministries)

Program Information for which funding is sought

Geographic area served: _____

Approximate number of persons to be served annually: _____

Number of Employees that your program will require: Full-time: ____ Part-time: ____

Describe the specific purpose for which funds are requested. Attach a separate letter if needed.

How will this grant help your church fulfill its mission to spread the Gospel? Attach an additional sheet if needed.

Program Costs

Amount of grant requested: $ _____

Period of time over which funds will be spent: From: _____ To: _____

List below, or attach an itemized budget detailing the costs of your project or program.

Does your church receive support from other sources for this ministry? ☐ Yes ☐ No

If **Yes**, attach a list of other organizations that provide funding for your program or project.

Grant submitted by (please print): _____ Title: _____

Signature: _____ Today's date: _____

Submit completed grant requests to

Rev. Arthur Gerald – atgerald@tbcboston.org
Twelfth Baptist Church
160 Warren Street
Boston, MA 02119

Grant Application Committee Members

Rev. Arthur Gerald, Chair
Rev. Brenda Fluker
Sister Nancy Terp Elderd