

**WI DISTRICT UPCI NAM
ANNUAL GRANT APPLICATION**

Church Name: _____ Pastor: _____
Address: _____ City: _____ St: ___ Zip: _____

Have you read the WI NAM Annual Grant policy in WI NAM Operations Handbook? Yes No

Amount Requested: \$ _____

Please describe in as much detail as possible, what this grant will be used for:

Current average attendance? _____

Is the church affiliated with the UPCI? Yes No

Are you current on your WI NAM monthly reports? Yes No

What is the church's gross monthly income? \$ _____ Total monthly expenses: \$ _____

Does the church Own Lease Rent? Mortgage / Lease Payment \$ _____

What is the church's total current cash assets (checking / savings)? \$ _____

Is the church current on all its financial obligations? Yes No

Do you personally receive financial compensation from the church? Yes No

Do you agree to financially support Global Missions and NAM, as you are able? Yes No

How much did you give to CFC last year? \$ _____

Have you received a WI NAM grant before? Yes No

How much were given? \$ _____

What was this grant designated for?

Did you use the for amount you were given for its intended purpose? Yes No

Have received a CFC or Move the Mission Grant in the past 12 months? Yes No

Total amount of grant(s) received? \$ _____

I understand that by applying for this grant, I am requesting financial partnership from the pastors and churches of the WI District UPCI. In consideration for this support, I pledge to operate at the highest level of ministerial ethics and financial accountability. I also understand that some financial grants may require a lien to be placed on the church building or real estate.

Signature _____ Date ____/____/____

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[THIS SECTION TO BE COMPLETED BY THE WI DIST NAM DIRECTOR/SECRETARY]

Date the applicant met the NAM board: ____/____/____

Was this applicant approved by a majority vote of the WI NAM board? Yes No

Approved for full amount Approved for partial amount \$_____

Signature _____ Date ____/____/____
WI NAM Director / Secretary

WI District UPCI Board met to consider this application on ____/____/____.

Determination: Approved Declined Deferred

Signature _____ Date ____/____/____
WI District UPCI Superintendent / Secretary