A close up of a sign

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**ABHMS COVID RECOVERY Grant Application Form**

**SECTION I**

Church/Agency/Organization Name:

Number of: Women \_\_\_\_\_\_\_\_\_ Men \_\_\_\_\_\_\_\_\_ Children \_\_\_\_\_\_\_\_\_ Youth \_\_\_\_\_\_\_\_\_

Extent of unemployment in area to be served if known: \_\_\_\_\_\_\_\_\_\_\_\_

Percent of low-income persons to be served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

Estimated number of people to be served per month: \_\_\_\_\_\_\_\_\_ or per length of project: \_\_\_\_\_\_\_\_\_

Name of Ethnic Group(s) to be served:

Who will the project serve, or who is the primary beneficiary? Fill-in all that apply (e.g., Religious Professional, Layperson, Non-church member, Homeless, Children, Elderly, Refugees/Immigrants, Undocumented/Migrants, Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Requested:

Name of Emergency Project:

Emergency Project Budget: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Please attach a one-page, detailed emergency project budget with explanation of expenses)**

Contact Name and Title if different from above:

What geographic area will the project serve:

Is your project for: Urban \_\_\_\_\_ Rural \_\_\_\_ Suburban \_\_\_\_ Industrial\_\_\_\_ Small-Mid City/Town\_\_\_\_\_

Contact E-mail:

Organization Head/Leader and Title:

Federal ID#:

E-mail:

E-mail:

Phone Number: Mobile Number:

**SECTION II – Purpose of Grant**

**ABHMS Grant Application Form** cont.

Summarize your proposal: Identify the emergency need, who your primary target audience is and your plans to address the need in 300 words or less.

***Attach a Project Budget with explanation of expenses, and amount your church or other sources will be contributing and submit it with your application form to*** [***GrantsAdmin@abhms.org***](mailto:GrantsAdmin@abhms.org)***. A progress report on the use of funds will need to be provided to ABHMS 3 months after receipt of the grant.***

What is the timeline for implementing the project?

Print Name & Title:

Authorized signature: Date:

Name 3 goals you plan to accomplish with the grant; e.g., 30 families will be food secure for 3 months.

Are you or your Organization related to American Baptist Churches? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please indicate ABC Region, Region Executive Minister Name, and ABC or ABHMS related affiliate name for reference purposes:

Reference Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person/s who gave you the application form:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_