

# COMMUNITY IMPACT GRANT REQUEST FORM

Grant Cycle - Fall 2025

## Applicant

Organization:

Mailing Address:

Primary Contact Name:

Primary Contact Role / Position:

Primary Contact Phone Number:

Primary Contact Email:

## Program Information

Descriptive Name (the “Program”):

Start Date (*if applicable*):

End Date (*if applicable*):

Requested Grant Amount:

Please check the box that best describes the Program:

☐ Serving Christ by Serving Others

*Program addresses a local community issue that assists the under-served and/or rural populations.*

☐ Youth & Young Adult Initiatives

*Program focused on establishing or enhancing youth or young adult ministry to increase their encounters with Christ and support the growth of our Young Church.*

☐ Evangelization & Missionary Discipleship

*Program assesses, trains, and/or implements effective evangelization, family ministry, hospitality strategies and/or intercultural competency.*

**Program Abstract**

*Provide a concise summary of the Program that would be supported by the requested grant, including its history, leadership, goals, and objectives.*

**Statement of Need**

*Provide the specific purpose(s) for which the requested grant will be used, the population that will be served, and the anticipated timing granted funds will be utilized.*

**Success Criteria & Monitoring**

*Provide the criteria and benchmarks that will be used to monitor the success of the Program and identify the persons responsible for monitoring compliance with these criteria and benchmarks.*

**Program Budget**

*Provide a description of the total cost of the Program, other sources of funding besides the requested grant amount, nature and extent of anticipated expenses, and any projected shortfalls.*

**Submit completed applications to [stewardship@dosp.org](mailto:stewardship@dosp.org) on or before  
February 28, 2025 at 5pm.**