



Carter Trust Fund **Grant Application**

I. Church Information

Name of Church:

Address of Church:

Pastor of Church:

Name of Contact Person (if not Pastor):

Contact Person's Relationship to Church (if not Pastor):

Contact Person's Email:

Contact Person's Phone Number:

Church Tax ID Number:

Year of Church Formation:

Total Membership:

Average Weekly Attendance:

Total Annual Budget:

Denominational Affiliations:



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II. Identification of Need

Amount of Funding Requested:

Nature of Request:

General Operations

Personnel

Building Maintenance

Special Project

Construction

Other

Please describe the nature of the request (500 Words).



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III. Goals and Objectives

What are the goals and expected outcomes of this request? How will you measure the outcomes and/or know the goals have been accomplished? (250 Words)

What is the anticipated community impact? (250 Words)

Would these funds be used for any collaborative projects (working with a non-profit, another church, etc.)? If yes, how? (250 Words)



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IV. Activity Plan / Budget and Expenses

Provide a brief line item budget for use of the requested funds.

| EXPENSES FOR PROJECT/PROGRAM | |
|------------------------------|----------------|
| EXPENSE | PROJECT BUDGET |
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| | |
| Total: | |

Additional explanation or detail of the budget (if needed).



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IV. Activity Plan / Budget and Expenses (Cont.)

What is the time frame for this project/program? Will this be ongoing or does it have an end date? (100 Words)

If ongoing how will you sustain the programming beyond this funding? (100 Words)

What is your plan if you do not receive the funding? (100 Words)

Will there be any matching funds or other funding provided for this effort? If yes, please describe. (100 Words)



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V. Additional Information

Do you have any personal connections with First Baptist Church of Greensboro?

How did you hear about this funding opportunity?

Other comments or information you would like to share with the committee.
(250 Words)

- I attest that this information is accurate to the best of my knowledge.
- I agree to the parameters set by the Carter Trust Fund Committee, including a report of funding usage at the end of the project.

Name and Title of Person Completing Report:

Signature:

Date:

Applications must be received by 5:00 pm on the grant cycle deadline, either [online](#) or hard copy to:
FBC Greensboro
ATTN: Carter Trust Fund c/o Rosemary Kellam
1000 W. Friendly Avenue
Greensboro, NC 27401.

Inquiries and additional attachments, if included, should be sent to Rosemary Kellam,
rosemary@fbcgso.org