American Baptist Women's MINISTRIES

AMERICAN BAPTIST WOMEN'S MINISTRIES
WORLD RELIEF COMMITTEE
ONE GREAT HOUR OF SHARING (OGHS) DEVELOPMENT GRANT INFORMATION FORM

Return to: **Rev. LaThelma Armstrong, 1075 First Avenue, Suite C-210**
King of Prussia PA 19406 610.768.2288 (office) info@abwomensministries.org (email)

Instructions:
1. Please answer all of the following questions that apply to your project.
2. Project Information form must be filled in completely.
3. The World Relief Committee considers OGHS grants once a year in November.
   Deadline for projects to be considered in November is October 26th.

Type of grant requested (Development): _____

1. Date: _____ _____ _____
   Month Day Year

2. Name of person completing form _____

3. Name and contact information of applicant organization/missionary:

Organization Name _____

Contact Name _____

Position _____

Email _____

Phone _____

Fax _____

Web site _____

Mailing Address _____

_____

_____

_____

4. Title of Project (begin with a verb, if possible) _____

5. Narrative of the project:

   a. If this is an existing project, provide history of the project conception, formation and present state of operation.

   b. If this is a new project, provide background on the need and narrative of the proposed project.

6. What is the urgent need for the project in the larger context of the area?

7. What are the three main good things you hope to accomplish through the project?

   a. _____

   What is the key indicator you will use to measure whether you have accomplished this?

   _____

   b. _____

What is the key indicator you will use to measure whether you have accomplished this?

_____

c. _____

What is the key indicator you will use to measure whether you have accomplished this?

_____

8. Who will lead the project? What are his/her educational and practical experiences in this area? How does this project build upon past projects, skills, local resources and experiences of the applicant?

9. What people, (and how many), will benefit from the project? (Directly and indirectly)

Name ethnic of group: _____

Number of: Women _____ Men _____ Children _____

Percent of low-income persons to be served: _____

Extent of unemployment in area to be served: _____

Estimated number of people to be served per month: _____

10. Provide project specifics:

a. Name of person (s) who will manage the project.

_____

b. Name of person or group who will implement the project.

_____

c. When will the project begin? _____ (Month) _____ (Day) _____ (Year)

d. When will the project end? _____ (Month) _____ (Day) _____ (Year)

e. Where will the project take place?

State: _____

City or Town: _____

11. How much will the ***total*** project cost?

$ _____ In US Dollars

Of the total project cost, how much will be needed in Year 1? _____

How much will be needed in Year 2? _____ Additional years? _____

12. Identify local resources or personnel to be applied to the project.

☐ Does not apply

$ _____ From what source? _____

Number of Personnel _____ With what skills? _____

13. Identify contributions of other governmental or non-governmental/religious organizations.

☐ Does not apply

$ _____ US Source _____

$ _____ US Source _____

$ _____ US Source _____

14. What funds do you need from One Great Hour of Sharing to help make the project happen?

$ _____

15. What will a gift of

- **US$ 100** accomplish through the project? _____
- **US$ 250** accomplish through the project? _____
- **US$ 500** accomplish through the project? _____

16. Who will evaluate the success of the project? _____

17. Please indicate a 6 month and 12 month project update when statistics, stories and pictures would be available from the project.

6 month update available _____ _____ _____
Month Day Year

12 month update available _____ _____ _____
Month Day Year

18. Insert Project Budget here.

19. Who will receive the disbursement of funds if approved?

a. Applicant Organization/ Missionary (Name): _____

b. Partner (Name and Title): _____

c. Other (Name and Title): _____

20. Who will be responsible for the reporting of how these funds are being used? _____

ENDORSEMENT OF REGION EXECUTIVE MINISTER: _____

REGIONAL: _____

Date: _____ _____ _____
Month Day Year

For office use only

AMOUNT OF FUNDS RECOMMENDED $_____ FOR YR _____ $_____ FOR YR _____
$_____ FOR YR _____

IF THE AMOUNT OF FUNDING REQUESTED IS DIFFERENT FROM #14 ABOVE, PLEASE EXPLAIN:

ABWM REPRESENTATIVE TO THE WRC: _____ _____ _____ _____
Month Day Year

Has this ministry/organization received OGHS funds in the past? Yes _____ No _____

If so, when: $_____ FOR YR _____ $_____ FOR YR _____
$_____ FOR YR _____