Pueblo Legacy

Matching Grant Application

Pueblo Legacy Grant Guidelines

Application Deadline: January 31 & July 31 of the granting year

**How to apply for matching fund grants:**

Complete the attached application and provide details of the project.

All applications must be from **active** churches, organizations, or pastors within ABCRM. “Active” is defined by participation in the regional activities (Annual Gathering, conferences, ABC camping, committees, etc.) and monetary support of ABC. You may apply for multiple grants but only one grant from each fund will be awarded per

church/organization/pastor each year.

Grant applications should be submitted to the ABCRM via email (kvan@abcrm.org) or snail mail (ABCRM, 9085 E. Mineral Circle Suite 170, Centennial, CO 80112) by January 31 or July 31 of the granting year. The Pueblo Grant Committee will evaluate the requests and let the groups and/or pastors know by the end of the following month if they were awarded a grant.

Documentation of the matching funds, a written narrative, and a picture/description of how the funds were used will be required at the end of the project.

**Community Service Projects** (Current Fund Balance $180,765):

Maximum grant: $5,000.

At least half of the funds for the community service project must be provided by the applying American Baptist church or organization.

Evaluation Criteria:

Supports your church’s mission

Addresses a real need in your community

Needs Based Outcomes

Measurable / Intended Outcomes

Congregational Advancement / Risk Taking

**Pastoral Grants** (Current Fund Balance $179,063):

20% match

Maximum grant: $3,000 per pastor

Evaluation Criteria:

Resources for Pastors effectiveness

Mission trips

Support for Sabbatical

Logos Biblical Study Software

Continuing Education Events

Skill Development

Pueblo Legacy Grant

Pastoral Resource Grant Application

**Title of proposed grant request:**

**Requested amount $**

Church’s contribution $

Other funding $

Total project cost $

**Applying Pastor Contact Information**:

Name:

Address:

City: State Zip

Email:

Phone numbers: work ( ) cell ( )

**Describe what you want to use the grant for:**

**What benefits will you gain from this request?**

**What are the measurable outcomes?**

**Proposed begin date to proposed end date**:

**Project budget detail: $**

**Describe how you are “active” in ABCRM:**

**Other key points that should be considered when evaluating this request:**

**Submit proposal to:**

ABCRM

9085 E. Mineral Circle, Suite 170

Centennial, CO 80112

or email to: **kvan@abcrm.org**

***Submit by January 31 or July 31***

***of the granting year***