



SHAWNEE VALLEY

West Ohio Conference

Capital Grant

DISTRICT CHURCH LOCATION & BUILDING TEAM

*Maximum grant of \$5,000 – After District Superintendent consults with the Church Location & Building Team; the District Location & Building Team will review the request and give their recommendation to the District Superintendent.
Grants will be awarded contingent on fund availability.*

Date _____ Church _____

Describe the capital project for which the grant is needed:

Project starting date: _____ Scheduled completion date: _____

How will this grant help you and your congregation continue in the ministry of making new disciples?

Describe the financial plan for completing this project:

_____ - Total cost

_____ - Amount the local church is investing

_____ - Amount you are requesting from the District

_____ - Amount from other sources

_____ - Amount you are seeking in a loan from a financial institution

Does the church have any current capital indebtedness? Yes No

If yes, then please state the amount owed and to whom:

Has the above project and financing been approved by the following:

Yes No Local Church Board of Trustees

Yes No Local Church Finance Committee

Yes No Local Church Administrative Board

Yes No Official Church or Charge Conference



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Is the cost of the project more than 25% of the current evaluation of your church building? ____Yes ____ No

Have you paid your District apportionments in full the past three years? ____Yes ____ No

If not, list the percentage paid each year and your plan to reach 100% in the coming year?

Have you paid your Conference apportionments in full the past three years? ____Yes ____ No

If not, list the percentage paid each year and your plan to reach 100% in the coming year?

Administrative Board Chair _____(Signature) Date _____

Trustees Chair _____(Signature) Date _____

Pastor _____(Signature) Date _____

*When this form has been completed and properly signed, mail or e-mail to:

Toni Moore, District Treasurer
Shawnee Valley District UMC
573 E Main St
Chillicothe, Ohio 45601
tmoore@wocumc.org

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District use only:

Date approved by District Location & Building Team _____

District Superintendent Signature _____ Date _____

COMMENTS: