



# 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



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:

Shawnee Valley District UMC  
573 E Main St  
Chillicothe, Ohio 45601  
[dhall@wocumc.org](mailto:dhall@wocumc.org)

.....  
District use only:

Date approved by District Location & Building Team \_\_\_\_\_

District Superintendent Signature \_\_\_\_\_ Date \_\_\_\_\_

COMMENTS: