



South District Microgrant Application

Ministry: _____

Church Affiliation: _____

District: _____

DPAS approval? _____

DPAS funding? _____ (*amount*)

Primary Contact: _____

Address: _____

Email: _____ **Phone:** _____

Amount Requested: _____ (*not to exceed \$5,000*)

Please provide a summary description of the project: (1-2 paragraphs)

(What is the problem to be addressed?)

Please tell us about these specifics: (1-2 pages)

What are your assumptions & rationale? (Why will it work?)

What are your goals? (What community needs are you meeting?)

What resources do you need? (funding, equipment, contacts, technology, etc.)

Provide a budget, and a professional bid or invoice showing the specific equipment costs.

What is the outcome? (How will you measure the good you do?)

What social impact will it have? (How will this make positive change?)

Please provide a project report when the project is complete or by December 31st to the DPAS Chair. If possible, include pictures to show the outcome and/or how the microgrant fulfilled your goals.