



**Franconia
Mennonite
Conference**

Mennonite Church USA

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Missions Operational Grants Form

Organization Name (payee): _____

Mailing Address: _____

_____ **E-mail address:** _____

What Grant funds will be used for: _____

(Use back if more space is needed.)

Expected Cost of Initiative: _____ **Amount of own funds to be used:** _____

Grant Amount Requested: _____

Purpose of Request/Expected Results: _____

(Use back if more space is needed.)

Testimony (One short story of the life of someone in your organization who has been reached, changed or impacted for Christ); **Please note that these stories may be made public:**

(Use back if more space is needed.)

Application Date: _____ **Date of Expected need:** _____

Name of Applicant: _____

Office only:

Staff Contact: _____ **Amount Approved:** _____

Approved by: _____ **Date:** _____