

# Black Leadership Projects Grant Application

## APPLICATION INSTRUCTIONS

Please complete this form in full (**attaching additional pages or documents if necessary**) and return no later than **May 31st** to

**ATTN: Marissa Ivey**  
**Black Leadership Projects Grant**  
**Disciples Home Missions**  
**P.O. Box 1986**  
**Indianapolis, IN 46206-1986**

Applications will also be accepted electronically by **Marissa Ivey** at [mivey@dhm.disciples.org](mailto:mivey@dhm.disciples.org)  
For questions, you may contact Minister Sheila Spencer at [sspencer@dhm.disciples.org](mailto:sspencer@dhm.disciples.org)

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## AMOUNT OF GRANT

All requests will be considered up to \$5,000. There is no minimum request.

**AMOUNT REQUESTED:** \$ \_\_\_\_\_

**PROJECT CATEGORY** (Projects must *clearly* relate to one or more project category. Please check all that apply. See the guidelines on page 1 for detailed category descriptions.)

- |   |  |
|---|--|
| <input type="checkbox"/> Leadership in Congregational Life          | <input type="checkbox"/> Scholarship Support for Leaders |
| <input type="checkbox"/> Leadership in Outreach Ministries          | <input type="checkbox"/> Faith Development of Leaders    |
| <input type="checkbox"/> Leadership in African American Programming |  |

## **1. IDENTIFYING INFORMATION**

Name of Project: \_\_\_\_\_

Contact Person (Name, Title, Phone and Email) \_\_\_\_\_

Name of church or organization (if proposal is for an individual's project/scholarship, please mark N/A) \_\_\_\_\_

Address of Organization or Individual (Street, City, State, Zip) \_\_\_\_\_

Date funds are needed \_\_\_\_\_

Date of event (if applicable) \_\_\_\_\_

Have you as an individual, organization, or church applied for BLGP funds before? \_\_\_\_\_

If so, was your request granted? \_\_\_\_\_

**2. PURPOSE OF PROJECT (Why do you see a need for the creation of this project? What result do you expect if your project is successful? What is your overall goal?)**

**3. TARGET AUDIENCE (What is the primary population or group you hope to reach?)**

**4. LEADERSHIP (How will your project promote the development of African American leadership?)**

**5. PROCEDURE FOR IMPLEMENTING PROJECT (How, specifically, will you implement your project in order to meet your stated purpose/goal? Describe the steps and actions needed, including a timeline.)**

**6. STAFF PERSON RESPONSIBLE (Each grant recipient must choose a Disciples Home Missions staff member to serve as sponsor and contact that sponsor prior to applying: Rev. Dr. R. Wayne Calhoun, Sr., Director of Black Ministries ([rcalhoun@dhm.disciples.org](mailto:rcalhoun@dhm.disciples.org)), Min. Sheila Spencer, Director of Education - Asst. President of DHM ([sspencer@dhm.disciples.org](mailto:sspencer@dhm.disciples.org)), or Rev. Chesla Nickelson, Program Director for Disciples Women ([cnickelson@dhm.disciples.org](mailto:cnickelson@dhm.disciples.org)). Please contact Min. Sheila Spencer if you have questions about choosing a sponsor.)**

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**7. BUDGET (As an attachment to your application, please include an itemized budget with the total proposed cost of your program/project, the amount of funding requested, any additional sources of funding available, and itemized list of how funds will be used [e.g., equipment and supplies, resources, scholarships, education, honorariums, etc.] *Applications will not be considered without an itemized budget.*)**

**8. IF YOUR GRANT IS APPROVED:** If awarded, **two reports to the committee are required:** One at six months from the award date and a second after one year (or at the conclusion of the project) To be in good standing for future awards, previous grant recipients must be current in submitting their reports.

**Please indicate to whom (or to what organization) your award check should be made payable:**

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