**Date of Submission:** Click here to enter text.

**Amount Requested:** Click here to enter text.

**Number of years that funding may be needed:** Click here to enter text.

**Name of Church/Organization**: Click here to enter text.

**Person completing application**: Click here to enter text.

**Mailing Address:** Click here to enter text.

**City/State**: Click here to enter text. **Zip**: Click here to enter text.

**Email Address**: Click here to enter text.

**Primary Phone Number**: Click here to enter text. Home ☐ Cell ☐ Work ☐

**Name of person who will lead this ministry:** Click here to enter text.

**Names and relevant experience of Implementation Team members (include justice-involved person and community collaborator):** Click here to enter text.

**Name of Pastor(s) for All Involved Churches**: Click here to enter text.

**Summarize the identified dream of your community that your congregation or cohort group is committed to collaborating on with your greater community. Attach the action plan being proposed to bring said dream to fruition.**

Click here to enter text.

**Explain your congregation’s or cohort group’s responsibility in the action plan and how your efforts will restore hope and provide healing in lives involved in the criminal justice system.**

Click here to enter text.

**Explain how your congregation or group will engage with available community assets that contribute to healing and restorative ministry efforts.**

Click here to enter text.

**Explain how the action plan will result in an increased awareness of justice-involved individuals in the congregation/community and the effects of mass incarceration in the community.**

Click here to enter text.

**Explain how your congregation or group will intentionally develop mutually transformational relationships with justice-involved persons through the action plan. Identify how their hopes, dreams, and participation are integrated into the action plan.**

Click here to enter text.

**Explain how your congregation or group will *stragetically and intentionally* bring mutual retransforamtional relatonships with justice-invovled persons into the life and the ministry of your congregation or cohort group.**

Click here to enter text.

**How will you continue to develop mutually transformatonal relationships with your community beyond the current action plan?**

Click here to enter text.

**What do you expect to accomplish within the next one to two year with the action plan and beyond?**

Click here to enter text.

**How will you use the money you are requesting? Please provide a detailed budget for your expected accomplishments in the next year. Include all anticipated expenses, and itemize all anticipated income (from the local church, District, and other specific sources).**

Click here to enter text.

**This to certify that the following parties have read this Grant Application and approve of its submission to the WOC All In Community Grant Review Team.**

Implementation Leader Signature: Date:

Community Collaborator Signature: Date:

Senior Pastor Signature: Date:

Senior Pastor Signature: Date:

Senior Pastor Signature: Date:

Senior Pastor Signature: Date:

Senior Pastor Signature: Date: