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

**Amount Requested:** 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 potentially will lead this ministry:** Click here to enter text.

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

**Which Correctional Agency will you anticipate partnering with:**

Department of Rehabilitaiton and Correction (Prison) ☐

Department of Youth Services (Juvenile Detenton) ☐

Local Jail or Community-Based Correctional Institution ☐

**Which gender(s) will you anticipate writing HOPE Letters to:**

Male ☐

Female ☐

Both ☐

**Summarize why your group is interested in participating in HOPE Letters.**

Click here to enter text.

**Explain how you anticipate your group’s participation in HOPE Letters will restore hope and provide healing in lives involved in the criminal justice system.**

Click here to enter text.

**Explain any engagement with justice-involved persons that your group may currently have or have had previously. (Previous engagement is not necessary. We use this information to guide discussions about the best possible matches between groups and correctional agencies)**

Click here to enter text.

**Explain how your congregation or group will *stragetically and intentionally* continue to sustain the HOPE Letters group after the grant cycle ends.**

Click here to enter text.

**What are your hopes, dreams, and expectations regarding new mutually transformational relationships with justice-involved persons forming as a result of HOPE Letters?**

Click here to enter text.

**How will you use the money you are requesting? Please provide a detailed budget for your expected expenses, and itemize all anticipated income (from the local church, District, UMC Foundations, 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:

Senior Pastor Signature: Date:

Senior Pastor Signature: Date: