

Postmarked on or before
5/1/2010

2010 RECONCILIATION OFFERING

REQUEST FOR FUNDS
from the
RECONCILIATION PROGRAM
OF THE CHRISTIAN CHURCH IN KANSAS
2914 SW MacVicar, Topeka, KS 66611-1787

DATE OF REQUEST _____

<p>AMOUNT REQUESTED</p> <p>\$ _____</p>
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ORGANIZATION'S NAME _____

ADDRESS _____ ZIP _____

PHONE NUMBER _____

EXECUTIVE OFFICER OR DIRECTOR OF PROJECT: _____

1. POLICY MAKING GROUP

Number of persons served _____
How are they chosen?

What is the breakdown of the policy making group in the following categories:

Age _____
Sex _____
Race _____

Are clients, those being served by the project, part of the decision making process?

If so, how?

If, not, why not?

- 2. GIVE A BRIEF DESCRIPTION OF THE PROGRAM FOR WHICH YOU ARE REQUESTING FUNDS, STATING SPECIFICALLY HOW THE FUNDS WILL BE USED.**

- 3. WHAT ARE THE SPECIFIC GOALS OF YOUR PROGRAM?**

- 4. HOW DO YOU PLAN TO MEET YOUR GOALS DURING THE NEXT YEAR?**

- 5. GIVE A BRIEF DESCRIPTION OF THE PEOPLE WITH WHOM YOUR PROGRAM IS WORKING.**

- 6. IN WHAT WAY IS YOUR PROGRAM EQUIPPING THE PEOPLE SERVED TO MEET THEIR OWN NEEDS?**

- 7. IN WHAT WAY DOES YOUR PROJECT "STRIKE" AT THE CAUSE OF POVERTY?**

- 8. IN WHAT WAY DOES YOUR PROJECT SEEK TO END RACIAL DISCRIMINATION AND ALIENATION?**

9. SHARE SOME OF YOUR SUCCESSES AND/OR SPECIFIC PROBLEMS ENCOUNTERED.

10. HOW WILL YOUR PROGRAM BE EVALUATED...BY WHAT CRITERIA?

11. WHAT IS YOUR ANNUAL BUDGET AND WHAT ARE YOUR SOURCES OF INCOME?

12. WHAT IS THE TOTAL AMOUNT OF FUNDS RECEIVED FROM ALL IDENTIFIABLE CHRISTIAN CHURCH (DISCIPLES OF CHRIST) SOURCES?

13. HOW ARE LOCAL PEOPLE INVOLVED IN YOUR PROJECT, INCLUDING PERSONS FROM DISCIPLES CONGREGATIONS?

14. DOES YOUR PROJECT SERVE PERSONS ON A SHORT TERM OR A SYSTEMIC CHANGE ORIENTATION?

15. STATE WHY YOUR PROJECT IS NECESSARY.

- 16. HOW LONG DO YOU EXPECT YOUR PROGRAM OR PROJECT TO LAST? IF IT IS ON-GOING, HOW DO YOU PLAN TO FINANCE FUTURE EFFORTS?**
- 17. DOES YOUR PROGRAM DUPLICATE OTHER PROGRAMS OR PROJECTS IN YOUR COMMUNITY?**
- 18. BUDGET: INCLUDE SALARY (indicate size of staff) PLUS BENEFITS, UTILITIES, OFFICE EXPENSE, PROGRAM MONIES AND SUPPLIES.**
- 19. ARE THERE ANY OTHER COMMENTS THAT YOU FEEL WOULD HELP THE COMMITTEE IN EVALUATING YOUR APPLICATION?**

COMPLETE AND RETURN WITH ANY OTHER DATA* TO:

**Reconciliation Committee
Christian Church in Kansas
2914 SW MacVicar
Topeka, Kansas 66611-1787**

***other data may include brochures,
printed materials, etc., that
will help the committee to better
understand your project.**

Returned requests must be postmarked no later than May 1, 2010