Submitted By:

Submitted Date: ­­­­­

Name of Ministry:

1. What is the primary purpose of your Ministry? If your purpose has changed from 2017 please note this and explain.
2. What were your major accomplishments in 2017?
3. How many people did you service in the current calendar year?
	1. Adults \_\_\_\_\_
	2. Children \_\_\_\_\_
4. What are your goals for 2018?

*(please quantify – e.g., add support for 10% more orphans; increase volunteers by 15%)*

1. What is your estimated annual operating budget for 2018?
2. How much funding are you requesting from PIA (by category) for 2018:
3. Food \_\_\_\_
4. Clothing \_\_\_\_
5. Shelter \_\_\_\_
6. Healthcare \_\_\_\_
7. Supplies \_\_\_\_
8. Education \_\_\_\_
9. Transportation \_\_\_\_
10. Maintenance and repairs \_\_\_\_
11. General operating expenses \_\_\_\_
12. Other (please list)
	* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_
	* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_
	* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_
13. What are the challenges to meeting your 2018 goals?
14. Do you anticipate having any changes in your Ministry’s purpose in 2018?
15. How have you advanced God’s kingdom? What new progress have you made building believers and/or relationships with the church?

Thank you for submitting your **2018 Annual Grant Request**. This is required for compliance with IRS Regulations. Your timely submission will ensure ongoing receipt of funds.

Please submit to: reports@partnersinaction.org

**Annual Certification as PIA Subordinate**

A PIA Subordinate Ministry is defined as follows:

1. A US-based organization that has attained 501c3 status through PIA
2. A non-US-based organization that collects funds in support of an organization that meets the definition of not for profit and has authorized PIA to collect donations on its behalf.

I hereby certify that my ministry will remain as a PIA Subordinate Ministry in 2018. I agree to pay all fees to PIA in accordance with the PIA fee schedule. I understand that as a subordinate I am required to provide an Annual Budget and Quarterly Reporting to PIA in accordance with IRS requirements. I understand that if I fail to meet any of the terms of the Subordinate agreement I may be cancelled by PIA at any time.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_