

# APPLICATION FOR SPECIAL PROGRAM GRANT

These grants are for local ministry projects to cover program expenses, and are to be used to help churches and/or ministries to reach out to their communities. The range of grants is \$500 - \$10,000.

The grants are funded by the Common Table for Church Vitality, Commission on Ethnic Minority Concerns, and the Virginia Conference United Methodist Women.

Virginia Conference United Methodist Women, The Commission on Ethnic Minority Concerns and Advocacy, and The Common Table for Church Vitality  
The Virginia Conference of The United Methodist Church

## 2016 SPECIAL PROGRAM GRANT REQUEST

Deadline: AUGUST 1, 2016

Name of Ministry/Organization: \_\_\_\_\_

Location of Ministry/Organization: \_\_\_\_\_

District: \_\_\_\_\_

Church: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-mail address \_\_\_\_\_

Requested Grant for 2017: \$ \_\_\_\_\_

Total Amount of ALL Funding Needed for the Ministry in 2017 \$ \_\_\_\_\_

Briefly describe the challenge or problem this ministry was created to solve. (i.e., why does it exist?):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How (in what ways) is your ministry “solving” that challenge or problem?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Briefly describe the "who" this ministry exists to serve/help/resource.**

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**How many years has this ministry existed? \_\_\_\_\_**

**How do you measure success for your ministry?**

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**Please share the last three years' statistics for the number of persons served/helped/resourced.**

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**How does this ministry help to make disciples of Jesus Christ for the transformation of the world? Why should the Virginia Conference support this ministry?**

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**What is the funding plan for the next 3-5 years? \_\_\_\_\_**

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**- FINANCIAL INFORMATION -**

**Please submit copies of the following:**

- 1. Projected 2017 Budget (Receipts and Expenditures)**
- 2. (If ongoing project) 2016 Detailed Financial Report**

**Please make sure that the report includes the following information:**

- A. Amount received from other United Methodist sources**

**B. Amount received from non-United Methodist sources**

**C. Number of Employees and Annual Salaries**

1) Part-time                      2) Full-Time

**D. Number of Volunteers**

3. **(If ongoing project)** Attach latest Completed Audit

4. **(If ongoing project)** Amounts received from the Annual Conference in the last 5 years:

2016 \_\_\_\_\_ 2015 \_\_\_\_\_ 2014 \_\_\_\_\_ 2013 \_\_\_\_\_ 2012 \_\_\_\_\_

5. Is the treasurer of this ministry bonded? \_\_\_yes \_\_\_no

**As the District Superintendent, I endorse this request.**

\_\_\_\_\_  
District Superintendent's Signature

\_\_\_\_\_  
Date

**This application must be signed by the District Superintendent.**

*The Common Table for Church Vitality is piloting an Accelerator Model that will provide a level of support beyond financial grants. Please indicate if you are interested in learning more about this pilot project.*

\_\_\_\_\_ *Yes, I am interested in learning more about this pilot project of Common Table.*

**MAIL TO: Director of Connectional Ministries, PO Box 5606, Glen Allen, VA 23058**

**DEADLINE: August 1, 2016**