

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

2020 SPECIAL PROGRAM GRANT REQUEST

Deadline: AUGUST 1, 2019

Name of Ministry/Organization: _____

Location of Ministry/Organization: _____

District: _____

Church: _____

Contact Person: _____

Address _____

Telephone Number _____

E-mail address _____

Requested Grant for 2020: \$ _____

Total Amount of ALL Funding Needed for the Ministry in 2020 \$ _____

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.

How many years has this ministry existed? _____

How do you measure success for your ministry?

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

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?

What is the funding plan for the next 3-5 years? _____

- FINANCIAL INFORMATION -

Please submit copies of the following:

- 1. Projected 2020 Budget (Receipts and Expenditures)**
- 2. (If ongoing project) 2019 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:

2019 _____ 2018 _____ 2017 _____ 2016 _____ 2015 _____

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 approved by the District Superintendent.

EMAIL TO: CTGrants@vaumc.org (preferred)

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

DEADLINE: August 1, 2019