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Email: grants@umfnic.org Website umfnic.org

GRANT APPLICATION COVER SHEET

Full Application Due September 15 (electronic version or paper)

Please call or email the Foundation office with any questions as you complete the application.

ccook@umfnic.org, 312.334.0704

Name Applicant:

Street Address:

NIC District (if a local church)

Contact Person & Title:

Contact Person's Phone:

Contact Person E-mail:

Name of program or project:

Amount requested from UMF Grant Fund:

Brief program description:

Has the program received a UMF grant previously? Yes No (Check one **Note: If UMF funded this program previously, evaluation report must be submitted by Aug 31**)

Submission Instructions: We prefer you email this application to grants@umfnic.org. However, you may mail this application to the Foundation office or hand-deliver it. We will send confirmation of receipt for all applications (any delivery method) to the contact person email address below. Applications must be **in our office** by September 15 - **not just postmarked by deadline.**

PLEASE PROVIDE THE FOLLOWING INFORMATION ON A SEPARATE SHEET(S), USING THE QUESTION NUMBERS INDICATED.

Program Information

1. Provide a description of the program or project (**1 page maximum**).
2. What are the program goals?
3. Who will be program participants?
4. Are program participants mainly church family/ members or non-church persons?
5. About how many persons will benefit from this project?
6. What difference will this program make to the participants? How will you measure success?
7. State your church's/agency's mission. How does this program/project relate to the local church/agency mission?
8. How will you follow up with program participants? (Planned outreach and follow-up for ongoing program results)
9. Identify other funding sources, both secured funding and pending sources.

If the program/project works directly with children/youth, provide a copy of Safe Sanctuary Policies.

If applicant is not a local church, please attach a copy of the IRS exemption letter

You may include other relevant information, such as photos, but they **MUST BE** in digital format only to grants@umfnic.org.

Budget Information

If this program has already begun, please indicate the actual total income and total expense for the last 12-month period:

Total Income \$ _____ **Total Expense** \$ _____

Complete the attached Program Budget form following the instructions given.

Program/Project Budget

Church/ Agency Name

Program/Project Name

Instructions: You may use this worksheet to develop and submit your program/project budget. Please list all expenses and funding for the program year that applies to this program/project. Do not include in-kind donations or non-cash support. Total expenses (Line 10) should not exceed the total project funding (Line 17). **Do not submit the church or agency operating budget.** The budget information below should be specific to the program/project for which you are requesting Foundation support.

A. Program/Project Expenses – Include the description and amount of all costs associated with your project. Be as specific as possible. Project expenses may include salaries, payroll taxes, equipment, supplies, postage, marketing, etc.

Description of Expense	Amount
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10. Total Project Expenses (sum of lines 1-9)	\$

B. Program/Project Funding - Include the source and amount of all funding for your project. Funding sources may include grants, donations, fundraising, funds allocated from church or agency budget, etc.

Revenue Source	Amount
11. United Methodist Foundation	\$
12. Local Church/Agency	\$
13.	\$
14.	\$
15.	\$
16.	\$
17. Total Project Funding (Sum of lines 11-16)	\$