



West Virginia Annual Conference
Division of Health & Welfare
Funding Request
Deadline: April 15, 2011

1. Amount Requested _____

2. This Proposal Addresses the Following Health & Welfare Need(s):

- | | | |
|--|--|---|
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Handicapping Conditions | <input type="checkbox"/> Outreach Ministries |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Health Care | <input type="checkbox"/> Single Parent Families |
| <input type="checkbox"/> Facilities | <input type="checkbox"/> Homelessness | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Family Ministries | <input type="checkbox"/> Older Adult Ministries | <input type="checkbox"/> Youth/Young Adult |
| Other (Specify) _____ | | |

3. Name of Sponsoring Organization/Church Submitting Proposal:

4. Full Address

5. Name and Title of Person(s) Submitting the Proposal:

Telephone (day) _____ (evening) _____

Email _____

6. What Particular Problem or Need Does the Proposal Address?

7. Describe your proposed program/project

a) Desired outcomes, not methods.

b) Persons who will benefit.

c) Amount of time it will take to accomplish objectives.

8. Program Methods and Timetable for Implementation:

List the activities to be conducted and timetable to achieve the desired outcomes.

9. Leadership Group:

What persons will be responsible for the implementation and evaluation of this program?

Detailed Budget

Project Title _____ Date _____

11. Describe how funds will be used for this program or project.

Column 1: The amount you request from the Division of Health & Welfare;

Column 2: Funds coming from all other sources (other grants, contributions, etc);

Column 3: The total cost for this item, regardless of source.

(Any amount over \$1000 needs to be explained in detail).

	Column 1	Column 2	Column 3
	Health & Welfare-- amount requested	All Other Sources and expected amount of funds	Total Costs
Administrative Costs (Postage, supplies, printing, etc.)			
Program Costs— supplies, training			
Travel			
Equipment Purchases			
Building and Repair Costs			
Other			
Totals			

12. Endorsements: The signatures below indicate that the program request has been endorsed.

(Signature & Date) Project Director/ Fiscal Officer

(Signature & Date) Trustee of the church or
UM board member of the
related agency/organization

(Signature & Date) UM Pastor *

(Signature & Date) District Superintendent

*Church request---the pastor of the church must sign
or

*Related agency/organization request--- the signature of the UM pastor that has the most knowledge about the group
and will endorse the request

13. Notification: Please indicate (with name, address, phone, and email) the person(s) that are
to be notified of the outcome of your request.

Return the completed application to:

Diane Braun 684-7842
57 Grape Island Ln tdbraun@suddenlink.net
St. Marys, WV 26170

Application must be postmarked by April 15

A copy may be emailed to ensure delivery.