******West Virginia Annual Conference**

**Division of Health & Welfare**

**Funding Request**

**Deadline: April 15, 2018**

1. Amount Requested \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. This Proposal Addresses the Following Health & Welfare Need(s):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Child Care |  | Handicapping Conditions |  | Outreach Ministries |
|  | Domestic Violence |  | Health Care |  | Single Parent Families |
|  | Facilities |  | Homelessness |  | Teen Pregnancy |
|  | Family Ministries |  | Older Adult Ministries |  | Youth/Young Adult |
|  | Other (Specify) |  |  |  |  |

1. Name of Sponsoring Organization/Church Submitting Proposal:

|  |
| --- |
|  |
|  |
|  |

1. Full Address

|  |
| --- |
|  |
|  |
|  |

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

|  |
| --- |
|  |
|  |
|  |

Telephone (day) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (evening) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What particular problem or need does the proposal address?
2. Describe your proposed program/project
3. Desired outcomes, not methods.
4. Persons who will benefit.
5. Amount of time it will take to accomplish objectives.
6. Program Methods and Timetable for Implementation:

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

1. Leadership Group:

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

1. Financial Plan:
   1. Describe your plan to secure other income to implement this program.
   2. Please attach a financial report from the previous year

Check mark one of the 4 choices (below) that best describes who is requesting funds and who should submit the financial report

\_\_\_\_ ***Church***--the church budget or end of year financial report (previous year)

\_\_\_\_ ***Annual conference institution, agency, or mission project -***- a copy of the budget or end of year financial report (previous year)

\_\_\_\_ Funds are being requested to ***assist a current major project*** (after school program, health care program, child care program, etc.) ***within*** your UM church or UM agency--you may submit a financial report for just that project. The report must include all **income** for the previous year.

\_\_\_\_ Funds are being requested by a ***community center/organization/special project/program*** that is **directly** related to a UM Church or UM agency/institution/mission project. The community center/program/project must have a governing group that consists of a majority of the members being United Methodist Church members. The financial report will show the **income** sources, for the previous year, of the center/organization/program/project.

* 1. On the attached detailed budget sheet, please list all anticipated income sources such as donations, contributions, fees, grants from other sources, etc. List both the source and the expected amount.

**Detailed Budget**

Project Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Column 1: The amount you request from the Virginia Higgins funds;

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 |
|  | Virginia Higgins--  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 |  |  |  |

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project Director/ Fiscal Officer

*(Signature & Date)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trustee of the church or

*(Signature & Date)* UM board member of the

related agency/organization

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UM Pastor \*

*(Signature & Date)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District Superintendent

*(Signature & Date)*

\*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

1. 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:

Rev. Ray Stonestreet

Health and Welfare Coordinator

PO Box 478

Lavalette, WV 25535

[rdstonestreet@gmail.com](mailto:rdstonestreet@gmail.com)

304.523.5931

Application must be postmarked by April 15, 2018

Applications must contain all requested information and signatures in order to be considered

A copy may be emailed to ensure delivery.