



West Virginia Annual Conference Division of Health & Welfare Funding Request

Deadline: April 15 of the current year

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 the timetable to achieve the desired outcomes.

9. Leadership Group:

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

10. Financial Plan:

a. Describe your plan to secure other income to implement this program.

b. 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.

c. 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 _____

11. 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			

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.

Please note: If you fail to submit the end-of-year evaluation summary, all monies awarded shall be returned by January 31 of the following year, and there will be no eligibility for any funding through Global Ministries for the next three (3) years.

Return the completed application to:

Rev. Ray Stonestreet
Health and Welfare Coordinator
PO Box 478
Lavalette, WV 25535
rdstonestreet@gmail.com
304.523.5931

Application must be postmarked by April 15 of the current year.

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

A copy may be emailed to ensure delivery.