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

3. Name of sponsoring Organization/Church Submitting Proposal:
   ________________________________________________________________
   ________________________________________________________________

4. Full Address
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

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

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<td>All Other Sources</td>
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<td>Program Costs—</td>
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12. 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

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.

Revised November 2018