**GRANT APPLICATION**

Grant Fund

Date West Virginia UMC

 **1. GENERAL INFORMATION**

Read each section carefully (some sections are for churches to complete and some are for mission projects, camps, etc. to complete). **Begin by completing Section A or Section B.**

**Section A: Church Application**

We, the undersigned, members of the Board of Trustees of United Methodist

Church in the County of , State of and being in the

 District of the West Virginia Conference of The United Methodist Church being

duly authorized by the Charge/Church Conference, hereby apply for a grant in the amount of $

for the following project:

**Attachment A** *Please attach a description of the project and the need for the project*

*(Describe who will benefit from the project and the projected number of people who will be served)*

*Pictures are always helpful.*

**Section B: Camps, Mission Projects, or Parish Application**

We, the undersigned, members of the Board of Trustees of

in the County of , State of , and being in the

 District of the West Virginia Conference of The United Methodist Church, hereby

apply for a grant in the amount of $ for the following project:

**Attachment A** *Please attach a description of the project and the need for the project*

*(Describe who will benefit from the project and the projected number ofpeople who will be served)*

*Pictures are always helpful.*

Name of Pastor or Director Home Phone Number

Church or Office Phone e-mall address

Church or Office Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Conference Account Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year church, mission project or camp was organized\_\_\_\_\_\_\_\_\_

**Church Statistics**

Current membership Number of contributing families Members 5 years ago\_\_\_\_\_\_\_\_\_\_

Average Worship attendance\_\_\_\_\_

World Service and Conference Apportionments---current *year and past 2 years*

Average Worship Attendance 5 years ago\_\_\_\_\_\_\_\_\_\_

World Service and Conference Apportionments---current year and past two years

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Current year\_\_\_\_\_$\_\_\_ Apportioned Amt. $ Amount paid % paid\_\_ Year\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_ \_Apportioned Amt.\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_ Amount paid\_\_\_\_\_\_\_\_\_\_ % paid\_\_

Year $ \_\_\_\_\_\_\_\_Apportioned Amt.\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_Amount paid\_\_\_\_\_\_\_\_\_\_% paid \_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

lt is very important that each church applying for a grant make every effort to pay its Fair Share amount in full. The failure of a church to pay its Fair Share may cause a proportional reduction in the grant or jeopardize the approval of the entire grant.

**PROJECT FOR WHICH GRANT IS REQUESTED**

Estimated Cost of Project Actual Cost of Project $

(Check one)

**Funds to apply** to above cost:

Cash on Hand ............................................ ...$\_\_\_\_\_\_\_\_\_\_\_

Pledges to be collected $\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Insurance Reimbursement Loans from lending institutions Fund Raising to be completed Other (specify) |  |
|  |  |
|  |  |  |  |  |

**Total to Apply $**

**Amount requested from Grant Fund**

*\*Grant requests are not to exceed $12,500.00*

 Expected date of completion for this project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(month/year

Are the funds requested because of a disaster?\_\_\_\_ If yes what disaster event\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What is the total cost for repairs?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Attachment B:** Attach an itemized list of expected expenses/costs for this project. Also include a list of all avenues exhausted to raise the needed money.

**FINANCIAL INFORMATION OF THE CHURCH/CAMP/PROJECT/PARISH**

|  |
| --- |
| **Attachment C:** Attach a copy of the current budget for your church\*, camp, mission project, or parish---it must include all expected expenses for the currentyear, such as: salaries and benefits, utilities, conference apportionments, debt payments, supplies, maintenance, etc.\*NOTE:This is your entire church budget, not the budgetfor this capital improvement. |

|  |  |
| --- | --- |
| Total income for last year (offe rings, gifts, interest, etc.) Total amount of money in reserve (Savings, CD, Trustee Funds, Foundations, etc. ) Property value ( *asfound in the conferencejoumal)* | $ |
| $ |
|   |
| Church Site  | $ | Debt $ |
| Church Building  | $ | Debt $ | Mission projects, camps‚ etc. |
| Parsonage  | $ | Debt $ | will also complete this section. |
| Other sites  |  $$ | Debt $ | Change the titles to match |
| Other buildings  | $ | Debt $ | your property descriptions. |
|   |   | Debt $ |   |
|   |
| TOTAL |  $$$\_\_\_\_\_\_\_\_ $\_\_ \_\_\_ |  TOTAL $ |   |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **Attachment E:** Attach an original document from your insurance agent, stating that there is sufficient cove rage on this property and lists the amount of the coverage. |
|  | **Attachment D:** Attach a copy of the deed(s) for all properties |  |
|  |  |  |
| Grant ApplicationVVV Conference Global Ministries |  | 2/4 |

Date

District Superintendent

Signed Date Signed

Pastor or Director

Address Address

Cell

Phone E-mail

Phone Ce II

E-mail

**IV. SIGNATURES OF TRUSTEES**

(At least 2/3 of the members of the Board of Trustees or the entire executive committee of a mission project must sign)

At a meeting of the Board of Trustees or mission project executive committee held on the day of

 the foregoing application having been carefully prepared and read, and believing the project to be necessary, and

pledging ourselves to earnest effort and liberal support of the undertaking, we request a grant in the amount of

Name of Trustee or executive committee contact person E-Mail

Address

Home Phone OfficePhone

(This person, along with the pastor or director, will be the person with whom the fund coordin ator of the Revolving Loan/Grant Fund maintains contact.)

List the names of all of the members of the Board ofTrustees or executive committee of mission project (Please Print)

**V. CERTIFICATION BY PASTOR AND DISTRICT SUPERINTENDENT**

Ve hereby certify that we have examined and conferred aboutthis application and are in agreement. Therefore, we recommend a grant be granted in the amount indicated below.

Amount Recommended $ Amount Recommended

Date of conversation/consultation between the Pastor or Director and the District Superintendent

Comments if needed.

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**VI. CERTIFICATION BY DISTRICT BOARD OF CHURCH LOCATION AND BUILDING**

(Only need this certification if the project will cost 25% or more of the value of the property)

The meeting of the District Board of Church Location and Building, duly convened at

on the day of ‚ 20 . Future plans of the United
Methodist Church, and the foregoing application for this grant, were carefully examined, and it is recommended that a grant of $ be granted.

Signed

Chairperson

Signed

Secretary

**VII. CLOSING PROCEDURES**

**Release of Funds:**

Funds, if available, will be released when all needed documents have been completed, approved, executed, and recorded.

 **Authorization:**

We certify that we have read and understand the completed Grant Fund Application and the foregoing Policies and Procedures and will be governed by them.**We also understand that all documents requested must be submitted before grant is considered.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Chairperson, Church Council |  |  | DateDate |  |  | Chairperson, Board of Trustees | DateDate |
|  |  |  |  |  |  |
| Chairperson, Committee on Finance |  |  |  |  | Pastor |

**Evaluation:**

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**Evaluation**

**Grant Fund**

**West Virginia United Methodist Church**

Complete this form within 3 months of completion of the project

|  |  |  |
| --- | --- | --- |
|  **Date** Grant  **This form completed by**  **Date of completion of the project**  **List the benefits for your church and/Or community that this project has provided** | or Loan |  |
|  |  |

Attach or email pictures of the completed project—if available

**Itemize the expenses for this project:**

Fill in the costs for the items that apply to your project add other items that are not listed

**Item**

Labor/Contractor
Electrical

Plumbing

Building materials
Appliances

Heating/Cooling
Misc. supplies

**Total Cost $**

Cost **Item Cost**

|  |  |  |
| --- | --- | --- |
| Send this form to: | Gayle LesurePO Box 2043Clarksburg, WV 26302 | deaconess.gayle.88@gmail.com 304.848.0251 |

Evaluation

WV Conference---Global Ministries

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