WEST VIRGINIA ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH Application for Hunger Project Funds (PLEASE PRINT)

NAME OF PROJECT		
NAME OF PROJECT DIRECTOR (Contact F	Person)	
ADDRESS OF PROJECT		
(Street or PO B	ox)	
(City)	(State)	(Zip)
TELEPHONE ()		_
EMAIL ADDRESS		_
NAME OF UNITED METHODIST CHURCH PROJECT IS AFFILIATED.	or UNITED METHO	DIST PASTOR THIS
PROJECT IS AFFILIATED.	Phone	
DISTRICT WITHIN WV ANNUAL CONFERE		
MAILING ADDRESS where check will be s	sent:	
ADDRESS		

The questions on next page MUST accompany this request application. If you leave questions unanswered, you will not be considered for the Hunger Grant.

PLEASE GIVE A BRIEF DESCRIPTION OF THIS PROJECT. BE SPECIFIC. (Type o assistance, who do you serve etc.)	f

IF YOU RECEIVE THE HUNGER GRANT, HOW WILL YOU USE THE MONEY?

WHAT WAS THE TOTAL AMOUNT FOR EXPENDITURES (actual money spe	nt) IN
YOUR PRIOR CALENDAR YEAR BUDGET?	

To affirm this amount, please send a financial statement of this project which shows both actual income (money you received) and expenditures (money you spent) for the prior calendar year.

According to the Conference guidelines, an application without a financial statement cannot be considered. (*If you are not sure what we are looking for, please contact Elizabeth Bailes at 740-350-6964 BEFORE* submitting your application. It will be too late afterwards.) Please do not send bank statements, since they do not inform us where the money was sent or where the money came from.

DID YOU RECEIVE THE WV HUNGER GRANT LAST YEAR?

APPLICATION DEADLINE IS FEBRUARY 29

REMINDER: A COMPLETE APPLICATION WILL HAVE:

- 1) PAGE 1 OF APPLICATION COMPLETED
- 2) THIS PAGE COMPLETED. DO NOT LEAVE ANYTHING BLANK.
- 3) FINANCIAL STATEMENT FOR THE PRIOR CALENDAR YEAR.

MAIL TO: WV UNITED METHODIST HUNGER PROJECT

Elizabeth Bailes
104 Ann Street

Ravenswood, WV 26164 eebailes1962@gmail.com