

UWHARRIE DISTRICT GRANT APPLICATION FORM

Date Submitted _____ Date Received _____

Church/Agency: _____ Phone # _____

Church/Agency Tax ID # _____

Pastor: _____ Phone # _____

Contact Person: _____ Phone # _____

Church/Agency Mailing Address: _____

City/State/Zip: _____

Email Address: _____ (Church/Agency)
_____ (Pastor)
_____ (Contact Person)

GRANT APPLICATION PROCESS:

- Complete application electronically and submit OR print, complete and FAX to 704-986-0857 (Attn: Grant and Resources Team) or mail to PO Box 1307, Albemarle, NC 28002.
- Applications will be accepted by February 1, and August 1, of each year.
- A church/organization may apply ONCE in a 12 month period.
- Upon receipt of an application an acknowledgment will be sent via email.
- Churches will be notified of the decision regarding their application within 30 days of their chosen deadline.
- A minister's signature **must** be included on the application.
- Grant amounts will be determined by the Grant and Resources Team based on available monies and project scope.
- Grant funds should be used ONLY for the purpose stated in the application within 12 months. If you over-budgeted, please return any unused funds with the required follow-up report to the grant committee to be used by another ministry in need.
- Grants for salary support will be given from missional engagement and vitality funds one time during the first year of a project or ministry.
- A representative is encouraged to be present at the grant review to answer any questions.
- A follow-up report should be turned in within 6 months after grant distribution.

2. Is this a _____ new ministry ? _____ existing ministry? _____ new program of an existing ministry?

3. Please describe how this project uses local partnerships with other organizations and/or churches to meet the needs of the community and people served.

4. Has your church's/organization's governing body approved this ministry? _____ yes _____ no

5. What percentage of the current year's apportionment (applicable to United Methodist Churches only) did the applying church(es) pay? _____

6. What is your total budget for this ministry and how will the funds be used? _____
Please submit a copy of your annual operating budget (current or planned).

7. What amount are you requesting from the Uwharrie District? _____ If your proposed ministry receives a grant, who will be responsible for communicating with the Committee and/or sharing information with similar ministries? _____

8. Has this ministry ever received a grant from any other source (i.e. the Duke Endowment, Royce and Jane Reynolds Fund, WNCC Vision Alignment Funds, WNCC Budget Application, WNCC Youth Service Funds, local/state/national sources, private donors, etc.)? _____ yes _____ no
If so, from whom? _____ When? _____ How much? _____ How were these funds used? _____

9. Are there any pending requests for funding from other sources at this time? _____ yes _____ no If so, from whom and for how much? _____

10. Is this ministry dependent on funding approval from the Grant Resources Team or the above mentioned sources? _____ yes _____ no

11. If the project is not a one time event, How will this ministry be financially supported once the grant funding is finished? _____

12. If grant funds are made available you will be **required** to submit a follow-up report as well as be open to follow-up visits. In addition you may be asked to share information with other interested churches/organizations through in person or videotaped presentations.

We understand and agree to this requirement. _____yes_____no

Pastor Signature_____Date _____

Contact Person Signature_____Date _____

Mailing address for funds distributed(if approved):_____
