

Manchester UMC- Application to Receive Missions Funding (Community Partners)

*Note: This grant application is for the **external organizations independent of Manchester UMC** to apply to receive funding from the church offerings. If the applicant is an internal ministry of Manchester UMC, please fill out our Internal Ministry form.*

Purpose: The Missions Team of Manchester UMC designates the recipients of annual offerings (such as the Easter Offering, Christmas Offering, the General Missions Offering, the Communion Offerings). In previous years, the Missions Team has used our best judgment and knowledge of our community partners to designate the funds to those whom we thought were in need. Moving forward, we endeavor to give our community partners the opportunity to tell us themselves about their needs, ideas, hopes, dreams, and projects. In doing so, we will be able to keep more accurate records of our disbursements, outcomes, and rationales for designating the offerings.

There are three parts to the Grant Form. Please complete all three:

- Cover Sheet
- Overview of Funding Request (3-page maximum)
- Required Attachments

Guidelines:

- Do not submit handwritten proposals.
- Answer all the questions unless otherwise instructed by the grantmaker.
- Do not include any materials other than those specifically requested.
- Please submit this form electronically to Director of Missions, Autumn Dennis, at autumn.dennis@manchesterumc.org.

Manchester UMC Missions Grant- Community Partners Form Cover Sheet

| | | | | |
|--|---|----------------------------|--|------------------|
| Application date: | | | | |
| Organization's legal name: (as shown on IRS Letter of Determination) | | | | |
| Doing business as: (if different from legal name) | | | | |
| EIN #: | | | | |
| Address: | | | | |
| Org. Website: | | | | |
| City: | | State: | | ZIP code: |
| Org. Telephone #: | | Org. Email Address: | | |
| Executive Director: (or top executive) (Please include prefix and title) | Phone #: | | | |
| | Email address: | | | |
| Main contact(s) for this proposal: (Please include prefix and title) | Phone #: | | | |
| | Email address: | | | |
| Board President: | Phone #: | | | |
| | Email address: | | | |
| Organization's tax exempt status/IRS designation (e.g., 501(c)(3), 501(c)(9), etc.) | (Attach a copy of the IRS Letter of Determination. NOTE: this is not the state sales and use tax exemption certificate. If there has been a name change, provide copies of the amended state certificate of incorporation and amended IRS Letter of Determination.) | | | |
| If not a 501(c)(3) nonprofit, then who is the fiscal agent? | (Attach a copy of the written agreement from fiscal agent plus fiscal agent's contact information and EIN.) | | | |
| Organization's mission statement: | | | | |
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|---|---|---|----|
| Type of request (check one): | | | |
| <input type="checkbox"/> Capacity Building Support | | <input type="checkbox"/> Program/Project Support <input type="checkbox"/> New Project <input type="checkbox"/> Existing Project <input type="checkbox"/> Expansion of Existing Project | |
| <input type="checkbox"/> Capital Campaign | | <input type="checkbox"/> Other (explain) | |
| <input type="checkbox"/> General Operating Support | | | |
| Project/campaign name: (if general operating please indicate) | | | |
| Proposal summary: In 200 words or less summarize the purpose of this request. | | | |
| | | | |
| Funding period requested: (be specific) | / / through / / | Amount requested: | \$ |
| Total project budget for this period: (not required if general operating request) | \$ | Organizational annual budget: | \$ |
| Organization fiscal year: | / / through / / | | |
| Geographic area(s) served: (include specific counties) | (For this project. If general operations support, for this organization.) | | |
| Does your organization receive funding from a giving federation? Please list all that apply. (e.g., United Way, Arts and Education Council, Jewish Federation) | | | |
| If we are not able to fund the full amount requested, are you still interested in receiving a lesser amount than requested if your grant is selected for funding? Please describe any limitations. | | | |

Agreement

I certify, to the best of my knowledge, that all information included in this proposal is correct. The tax exempt status of this organization is still in effect. If a grant is awarded to this organization, then the proceeds of that grant will not be distributed or used to benefit any organization or individual supporting or engaged in unlawful activities.

In compliance with the USA Patriot Act and other counterterrorism laws, I certify that all funds received from this funder will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes, and executive orders.

Signature & Title of Authorized Representative (e.g. Executive Director)

Date

In a maximum of three pages, please include:

1. Brief summary of organization's history and brief description of previous year's accomplishments.
2. Purpose of this funding request. Please describe:
 - a. Community/client needs or problems that will be addressed by this project AND 3-5 strengths of the community/clients your organization serves.
 - b. The target population, number of individuals, and geographic area that will benefit from this proposal.
 - c. Your organization's volunteer opportunities.
 - d. What your organization hopes to accomplish (outputs and/or outcomes).
 - e. How your organization intends to accomplish the above.
3. If applicable: Names and brief description of roles of partners on this project.
4. List any internal or external efforts your organization is currently undertaking to incorporate diversity, equity, and/or inclusion (DEI) into its policies and practices. Are there DEI initiatives your organization hopes to undertake?

Required attachments:

1. Project budget.
2. Organization's annual budget.
3. IRS Letter of Determination.