

8337 Jefferson Highway Baton Rouge, LA 70809 (225) 346 – 1535

GRANTS APPLICATION

All grant applications must be completed and turned in by the 15th of the last month of the quarter—March 15, June 15, September 15 and December 15—for consideration in the following quarter.

Visit <u>www.umf.org/grants</u> for guidelines regarding grant application and reporting requirements.

Grant Requestor Information

Name of Church/Organization Requesting Fund	S
District/Conference	
Contact/Project Director:	
Name	Title
Address	
City, State, Zip Code	
Email Address	
	_Phone (alt)
Co-Project Director: (if applicable)	
Name	Title
Address	
City, State, Zip Code	
Email Address	
Phone (mobile)	Phone (alt)



Project Description

Project Name	Date Submitted
Grant Category: (select all that apply) Equipping for Ministry (clergy or laity Innovative Ministry Fostering Connections Disaster Preparedness/Response)
Does this project include or impact multiple chu conference?	-
Will this one-year grant request enable the proj	ect to be completed? 🗆 Yes 🛛 No
Do you anticipate requesting additional funds fo UMFLa?	or this project in subsequent years from the
What is the overall goal of this project?	
Who is the target audience for this project?	
What is the impact you hope to have on your or was designed to serve?	
What strategies and methodologies will you use	to insure the desired impacts are achieved?
How will you evaluate the effectiveness of this p	project?
What is your plan for sustaining this project yea	r after year?



Project Budget

The Foundation does not intend to be the only funding source for your project.

	<u>-</u>	1 + 2 + 3 = 0	The amount you are requesting from + the amount your church or organiz + plus other funding sou = the Total Project Cos	ation contributes rces
1)	Amount requ	lested from UN	FLa for this project this year:	\$
2)) Amount your church/organization will contribute to this project this year: \$			
3) Amount of funding received from other sources for this project this year: \$				\$
	Sources and amounts of additional funding:			
	•	Other churche	s \$	
	•	District	\$	
	•	Conference	\$	
	•	Other	\$	
		Please identify	/:	

(The sum of the bulleted items is the figure to insert in 3) above.)

Total Project Cost this year

(This amount should be the sum of the three line items above.)

\$



Explanation of Project Cost

Please provide a detailed account of how the requested grant funds (1) above) will be used.

Indicate your expected costs and a description in the following categories. You may include additional categories if necessary. Please provide any formal estimates from third party vendors you have requested.

Supplies Description	\$
Equipment purchases/rentals Description	\$
Travel expenses Description	\$
Contract worker pay Description	\$
Supplemental Salary Description	\$
Utilities Description	\$
Printing/Postage Description	\$
Other	\$
Description	

□ I have read the Guiding Principles & Guidelines for grants offered by the United Methodist Foundation of Louisiana. I understand that the Grants Committee will route my proposal to the appropriate supervisors for their approval prior to consideration. I also understand that if my project is selected for funding, I will be required to complete a Grant Report as stipulated in the Guiding Principles & Guidelines.

Grant Requestor Signature _____

