**UNIFIED FUNDING APPLICATION**

“To inspire and equip local faith communities to develop disciples of Jesus Christ for the transformation of the world.”

**The Office of Congregational Development**

**Grant Application**

***Spring deadline – April 1***

***Fall deadline – September 15***

The Office of Congregational Development resources principled Christian leaders who create new and renewed places for vital ministry. These new places will provide ministry opportunities for people who are more diverse, younger and who are not currently involved in any ministry. The Office of Congregational Development can provide limited financial resources for grants for new or renewed Congregation Development, Leader Development and New Ministry. Grants can be awarded by the taskforce only when your process has been planned and approved as outlined in the grant application.

This **new** application is being utilized for three different finding sources. Read and review carefully the guidelines for the grant you will be requesting as the titles and descriptions have changed.

**New or Renewed Congregation Development Grant** - to be used for developing new and renewed places for new people as a New Faith or Renewed Faith Expression of Church.

**Leader Development Grant** - to be used for developing principled Christian leaders that develop mature Jesus followers who know their purpose and use their gifts to build up the body of Christ for the transformation of the world.

**New Ministry Grant** - to be used for existing churches/faith communities that are developing new ministries in the community, engaging in ministry with the poor or fostering abundant health.

* Download this form to your computer, type in your information, save and print a copy for signatures.
* Applications are to be approved and signed by the church/faith community before submittal to your district superintendent for review and recommendation to the taskforce.
	+ Note: Signed applications need be submitted to your District Superintendent no later than 10 days prior to the application deadline.
* Do not submit your application directly to the Unified Funding Task Force. Only applications that have had prior approval by your District Superintendent will be reviewed by the Unified Funding Task Force.
* Spring application funding will start in July and fall application funding will start in January.
* To qualify for funding, the applicant must be a United Methodist local church, a district, or region, conference committee or other affiliated organization of the Baltimore-Washington Conference.

The Office of Congregational Development grants are not available for the purchase of land or building or the remodeling of existing buildings.

Application ID # \_\_\_\_\_\_\_\_\_\_\_

(to be filled in by the Task Force Committee)

**The Office of Congregational Development Grant Application**

***Spring deadline – April 1***

***Fall deadline – September 1***

Date of Application: Click here to enter text.

**BACKGROUND INFORMATION**

Name of Faith Community / Church Name: Click here to enter text.

Mailing Address: Click here to enter text.

District: Click here to enter text.

Church ID number: Click here to enter text.

Charge: Click here to enter text.

**Project Contact & Information**

Name of Contact Person / Project Coordinator (most knowledgeable about this application):

 Click here to enter text.

Contact Person Email Address: Click here to enter text.

Contact Person Telephone Number(s): Home: Click here to enter text. Cell: Click here to enter text.

Office: Click here to enter text. Other: Click here to enter text.

Name of Pastor in Charge:Click here to enter text.

Pastor in Charge Email Address: Click here to enter text.

Pastor in Charge Primary Telephone Number: Click here to enter text.

**Requesting the following grant:**

[ ]  **New or Renewed Congregation Development Grant**

[ ]  **Leader Development Grant**

[ ]  **New Ministry Grant**

[ ]  **This is a “New Request”**

[ ]  **This is a “Renewal Request” from a previously awarded grant**

Type of grant previously awarded grant: Click here to enter text.

Date of previous request(s)/award: Click here to enter text.

 Date evaluation/report(s) submitted: Click here to enter text.

**Project Title / Ministry Name:** Click here to enter text.

**Amount Being Requested:** $ Click here to enter text.

**PROJECT / PROGRAM INFORMATION**

1. Project / Ministry Mission Statement / Description: Click here to enter text.
2. Date project / ministry began or is expected to begin: Click here to enter text.
3. Describe how this project / ministry supports the intended purpose of this grant.
 Click here to enter text.
4. Indicate SMART goals for this project / ministry and the expected date by which you hope to achieve the goals. (Identify 3-5 goals and action steps including timeline)

SMART goals are: **S** = Specific
**M** = Measurable
**A** = Aligned and Agreed Upon
**R** = Realistic and Relevant
**T** = Time-bound

|  |  |
| --- | --- |
| **Smart Goals** | **Timeline** |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

1. Describe the characteristics and number of persons who will benefit from the project / ministry you have described.

Click here to enter text.

1. Scope of Work – Describe your project / ministry plan, including:
	1. Why this project / ministry is needed (current conditions)
	2. The project / ministry purpose and goals
	3. How funds will be used to accomplish the identified goals
	4. Identify key leaders and their roles in implementing the project / ministry plan

Click here to enter text.

1. Has the faith community or church previously received funding from this grant?

[ ]  No

[ ]  Yes

If yes; Date funds were awarded: Click here to enter text.

If yes; Amount of previous award: $ Click here to enter text.

1. Who will partner with you in this work? Click here to enter text.
2. How will you evaluate the program / ministry? Click here to enter text.

**BUDGET INFORMATION**

Include total expected expenditures and income for this project / ministry in the following budget areas. Additionally, you will need to attach a detailed itemized budget.

**Project Expenses**

Total for Program: $ Click here to enter text.

Total for Salary/Benefits (if grant will be used for salary support of project/ministry): $ Click here to enter text.

Total Operations: $ Click here to enter text.

Other: $ Click here to enter text.

Total Grant Funds being Requested: $ Click here to enter text.

**Project Income**

Total Fundraising: $ Click here to enter text.

Total from others grant sources: $ Click here to enter text.

Matching Funds $ Click here to enter text.

Other: $ Click here to enter text.

1. After grant funds have been exhausted, how will this project / ministry be funded and become self-sustained?

Click here to enter text.

1. If you don’t receive the requested amount, will you still move forward with the project / ministry?

[ ]  Yes

[ ]  No

**Leveraging Other Sources / Status of Other Funding**

a. If receiving other funding sources, please describe how other funders have supported this project and results:

Click here to enter text.

1. Are you currently investigating the use of funding from any of the following groups?

[ ]  Conference Advance Specials: Click here to enter text.

[ ]  Regional District Funding: Click here to enter text.

[ ]  Equitable Compensation: Click here to enter text.

[ ]  BWC Loans and Grants: Click here to enter text.

[ ]  General Boards or Agencies: Click here to enter text.

[ ]  Planned Giving: Click here to enter text.

[ ]  Foundations: Click here to enter text.

[ ]  Others: Click here to enter text.

1. Will you or have you applied for matching funds?

[ ]  No

[ ]  Yes

If yes, who are you receiving matching funds from? Click here to enter text.

* 1. How much has been received or is expected? Click here to enter text.
	2. How will the matching funds be used? Click here to enter text.

**Congregational Vitality, Growth and Engagement**

*Complete this table*

|  |  |  |
| --- | --- | --- |
|  | Projected | Reported to the Conference |
| Current Year | Last Year | Two Years Ago |  |
| Number of Church Members | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Average Worship Attendance | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Average Sunday School Attendance | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Number of Professions and Reaffirmations of Faith | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Percentage of Worshipers Engaged in Ministry | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Percentage of Apportionment Paid | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |

**Status of Congregational Finances**

*Complete this table*

|  |  |  |
| --- | --- | --- |
|  | Projected | Reported to the Conference |
| Current year | Last year | Two Years Ago |  |
| Total Income (Stat Report 67) | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Number, Contributing Units | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Operating Expenses (Stat Report Line 62) | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Apportionments | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Benevolences | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Total Expenses (Stat Report Lines 53-65) + pension and medical expenses for the pastor – refer to statements from BWC. | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Surplus (Deficit) | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Conference support | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |

**Summary of Assets**

1. Value of all restricted assets (building funds, designated trusts, endowments) $ Click here to enter text.
2. Value of all unrestricted assets (investments, trusts, etc.) $ Click here to enter text.
3. Attach copies of bank statements to validate information.

**Summary of** **Indebtedness (if this does not apply enter Not Applicable)**

1. Unpaid pension and medical from previous calendar year: $ Click here to enter text.
2. Outstanding loans: $ Click here to enter text.
*Attach copies of loan statements*
3. Other indebtedness: $ Click here to enter text.

*purpose of debt:* Click here to enter text.

1. Line(s) of Credit: $ Click here to enter text.
2. Apportionment Status:% Click here to enter text. paid current year

% Click here to enter text. paid previous year

**Attachments to be included**

Please attach a copy of the following documents with your application:

1. Current Faith Community / Church budget
2. Detailed project / ministry budget
3. Table 1 from each of the last three years’ Statistical Reports
4. Previous year’s audit (or unaudited financial statement)
5. End of year Treasurer’s report for three previous years and latest year to date report
6. Supporting documents that provide information relevant to implementing the project such as copies of the resumes of responsible staff
7. Responses from all other funding sources
8. Project / Ministry goals and objectives
9. Project / Ministry plan, scope of work or other documentation that would be relevant in providing details regarding your project / ministry

End of application

Be sure to attach the completed Signature Page

***Applications submitted without signatures will not be considered***

To qualify for funding, the applicant must be a United Methodist local church, a district, or region, conference committee or other affiliated organization of the Baltimore-Washington Conference.

**Authorization and Signature** (Please print name, sign, date, and provide e-mail address)

**FAITH COMMUNITY/CHURCH APPROVALS AND AUTHORIZATION SIGNATURES**

* ***Church/Administrative Council Chairperson***

Print Name Click here to enter text.

Signature

Date Click here to enter text.

Email Address Click here to enter text.

* ***Church/Charge Conference Recording Secretary***

Print Name Click here to enter text.

Signature

Date Click here to enter text.

Email Address Click here to enter text.

* ***Church Treasurer***  Print Name Click here to enter text.

Signature

Date Click here to enter text.

Email Address Click here to enter text.

* ***Trustees Chairperson*** Print Name Click here to enter text.

Signature

Date Click here to enter text.

Email Address Click here to enter text.

* ***Pastor-In-Charge***  Print Name Click here to enter text.

Signature

 Date Click here to enter text.

Email Address Click here to enter text.

***Applications submitted without signatures above will not be considered***

**DISTRICT SUPERINTENDENT APPROVAL/RECOMMENDATION AND AUTHORIZATION SIGNATURE**

* ***District Superintendent*** Print Name Click here to enter text.

Signature

 Date

Email Address

**BWC IN-HOUSE SIGNATURES**

* **Director New Faith Expressions  *Director Leadership and Congregation Development***
 (to be signed in-house after review with District Superintendent)

Print Name Print Name

Signature Signature

Date Date

Email Address Email Address

* ***Unified Funding Task Force*** (to be signed in-house after review)

Print Name

Signature

Date

Email Address