



## The Elizabeth A. Bradley Mission Fund

United Methodist Women of the Western Pennsylvania  
Conference United Methodist Church

***It is essential that ALL REQUESTED INFORMATION be provided.  
The grant application will be rejected if all information is not provided.***

United Methodist Women is an organization that advocates policies and issues for children, youth, and women.

Attached is the application form to be used for requesting a grant from the Elizabeth A. Bradley Mission Fund. All completed applications must be returned postmarked or sent via email (preferred) no later than November 1 of each year. The UMW Conference President will send a letter of award status no later than January 31.

### I. CRITERIA FOR GRANTS

A. The project/program must be located within the boundaries of the Western Pennsylvania Conference of the United Methodist Church.

B. Preference will be given to programs which

1. provide direct comprehensive services to children, youth or women;
2. demonstrate the ability to raise additional funds from other sources;
3. address physical renovations and/or purchase of a building necessary for implementing initial project/program.

C. Grants may be given to support

1. an ongoing project/program that meet the Fund's criteria;
2. a new, specific project/program for the benefit of children, youth, or women;
3. salaries needed to implement a project/program;
4. a transitional project/program which meets the established guidelines.

D. The proposed or established mission project/program must address ONE or MORE of the following categories:

1. physical, emotional, mental, or spiritual wholeness of children, youth, or women;
2. elimination of institutional racism directed toward children, youth, or women, including the safeguarding of their nationality, culture, or language;
3. building a positive self-image and self-esteem in relation to gender, in addition to combating sex role or stereotyping;
4. advocacy on behalf of rights and needs of children, youth, and women;
5. root causes of exploitation shown through economic, political, racial, or sexist practices;
6. provision of opportunities of development of leadership skills;
7. enablement of women to participate fully in decision-making at all levels of their lives.

### II. ADDITIONAL POLICIES

A. All applications involving projects/programs with children and youth MUST show evidence that the staff has Act 34 Criminal Background Check and Act 151 Child Abuse History clearances. Projects/programs within churches must show evidence of Safe Sanctuaries policies.

B. EVALUATION of project/program which receives funding is required each year a grant is given. Evaluation forms must be returned by November 1 of the same cycle year grant was awarded.

### C. THREE YEAR MAXIMUM OF CONSECUTIVE GRANTS

After a church, agency, or umbrella organization has received a grant for three (3) consecutive years, a request for an additional award may not be submitted until a one (1) year period has elapsed.

**Return completed applications either mail or email to:**

Susan Roboski, Chairperson  
1623 Lillibridge Creek Road  
Port Allegany, PA 16743  
susan.spirithouse@gmail.com



## The Elizabeth A. Bradley Mission Fund

United Methodist Women of the Western Pennsylvania  
Conference United Methodist Church

### GRANT APPLICATION

Date of application \_\_\_\_\_ Amount requested \_\_\_\_\_

**All applications must be returned by November 1<sup>st</sup> (preferably by E-mail) to:**

Susan Roboski, Chairperson  
1623 Lillibridge Creek Road  
Port Allegany, PA 16743  
[susan.spirithouse@gmail.com](mailto:susan.spirithouse@gmail.com)

***It is essential that ALL REQUESTED INFORMATION be provided. The grant application will be rejected if all information is not provided.***

Please RETURN THIS PAGE 1 with the requested information on it. (Even if you attach a cover page)

1. Project/Program Title: \_\_\_\_\_
2. Sponsoring Agency: \_\_\_\_\_
3. Address of Agency: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-mail: \_\_\_\_\_
4. Program Director or Contact Person: \_\_\_\_\_
5. If grant is awarded, how should the check be written? \_\_\_\_\_
6. Date the program or project was (or will be) established: \_\_\_\_\_
7. Is this request expected to fund a new project/program or an extension of an existing one? New Project \_\_\_\_\_ Existing Project \_\_\_\_\_
8. Does your agency have a Board of Directors and/or Steering Committee?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, Attach Names and Addresses of the Board of Directors and/or Steering Committee of the program on a separate sheet of paper.**

If you have any question when preparing this application, please call the Chairperson of the EAB Mission Fund committee. (See above.)

THE PROPOSAL FOR WHICH A GRANT IS BEING REQUESTED

A. Describe the program or project including goals and objectives. Be as specific as possible, using additional paper if needed to complete your response.

B. criteria which will be addressed by your program or project.

C. The number of individuals served in each category:

Women \_\_\_\_\_ Children \_\_\_\_\_ Youth \_\_\_\_\_

D. To implement the program or project, will the staff be:

Professional \_\_\_\_\_ Volunteer \_\_\_\_\_ Both \_\_\_\_\_

E. How many of the employees are:

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

F. Please provide name and address of person preparing the required evaluation report of the program/project:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

G. In what way will the participants be involved in the evaluation process?

H. Pictures will show the children and teachers benefiting from the grant money.

I. Check applicable statement:

\_\_\_\_\_ This is the first year that funds are requested.

\_\_\_\_\_ This is the second consecutive year that funds are requested.

\_\_\_\_\_ This is the third consecutive year that funds are requested.

J. If this is the second or third consecutive year, please indicate the status and year of the project/program previously funded by an Elizabeth A. Bradley Grant.

K. **Attach** the full itemized budget for the project/program for which you are requesting a grant. Include the total budget, not just how the requested funds will be used.

L. What is the % of the budget that this grant request will fulfill? \_\_\_\_\_

M. List sources from which you anticipate receiving other funding for this project/program:

United Methodist Sources –

Tuition payments

Community Sources –

Other Sources –

Fundraisers

N. How does this program support the focus of United Methodist Women on women, children, and youth? Be specific.

O. Since funds must be expended within one year of receipt, indicate your timeline for the use of the grant monies.

P. All programs working with children or youth must show evidence of staff having Act 34, Criminal Background and Act 151 Child Abuse History clearances.

**NOTE: Grants will be denied if this section is not filled out.**

- Please redact SS numbers. DO NOT send Social Security numbers.
- If you have several persons that are volunteering, copies of a few clearances with a statement that the rest are on file is sufficient.
- Churches supporting projects/programs in their church must show evidence of adherence to Safe Sanctuaries Policies. A statement from the pastor about adherence to Safe Sanctuaries Policies and how this is implemented in your church is sufficient.

Q. A signature is essential. **No grant will be awarded without one of the following signatures:**

You only need the signatures for the line that matches the description of your organization.

From a local United Methodist Church, the application must be approved by the Administrative Board, Council of Ministries or Church Council.

Approved \_\_\_\_\_ Chair  
Administrative Board, Council of Ministries, Church Council

From a United Methodist District project/program, approval must be granted by the District Council of Ministries.

Approved \_\_\_\_\_  
The District Council of Ministries Chair

From a non-United Methodist project/program, approval must be granted by the Board of Directors or Steering Committee and signed by the Chairperson or President.

Approved \_\_\_\_\_ Chair

From a United Methodist Agency with a relationship to the Western Pennsylvania Conference, approval must be granted by the Board of Directors or Steering Committee and signed by the Chairperson or the President.

Approved \_\_\_\_\_ Chair

## Checklist for Grant Application

\_\_\_\_\_ Page 1 returned and completed.

\_\_\_\_\_ Amount requested.

\_\_\_\_\_ Names and addresses of BOD and/or Steering Committee members attached, if applicable.

\_\_\_\_\_ Budget attached.

\_\_\_\_\_ Proof of background checks attached.

\_\_\_\_\_ Statement of adherence to Safe Sanctuaries policy attached.

\_\_\_\_\_ Signature

\_\_\_\_\_ Evaluation form from previous year's grant award sent to EAB Chairperson, if applicable.

### THREE YEAR MAXIMUM OF CONSECUTIVE GRANTS

After a church, agency, or umbrella organization has received a grant for three (3) Consecutive years, a request for an additional award may not be submitted until a one (1) year period has elapsed.



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**Failure to fill out and return an evaluation form will result in denial of application for future Elizabeth A. Bradley Mission funds.**

### SELF-EVALUATION OF A MISSION MINISTRY PROJECT/PROGRAM

1. Present Date: \_\_\_\_\_
2. Grant amount for year 20\_\_\_\_\_ \$ \_\_\_\_\_
3. Name the agency or organization which administered the grant:  
\_\_\_\_\_
4. Identify the project/program by title, which received the funding. Please match application:  
\_\_\_\_\_
5. List previous EAB grants received. Year (s) and amounts:  
\_\_\_\_\_
6. What percentage of your budget for year 20\_\_\_\_ came from the EAB grant? \_\_\_\_\_  
Please attach a budget page for the EAB funds detailing how the funds were spent.
7. State clearly and fully the goals for the project/program in 20\_\_\_\_\_: (Use additional paper if necessary.)  
\_\_\_\_\_
8. Express to what degree have these expectations been realized:  
\_\_\_\_\_
9. Will the project/program be continued next year?  
\_\_\_\_\_
10. If this grant was not your third consecutive one, did you submit an application for an EAB grant for next year? \_\_\_\_\_
11. Identify the name and address where the project/program occurred:  
\_\_\_\_\_

12. What age group/groups did you serve? \_\_\_\_\_

13. How many individuals did you serve in each age group? \_\_\_\_\_

\_\_\_\_\_

14. Did the activity involve full group participation, small groups within a larger group, or was the project/program targeted to individuals? \_\_\_\_\_

15. Comment on diversity and/or similarities within the group membership (age, ethnic background, church affiliation, family unit, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Evaluate the benefits resulting from the receipt of the EAB grant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Share some anecdotal information relating to project/program which was partially funded by the EAB grant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Your comments, observations, questions, and suggestions are welcomed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature & Title of the Evaluator:** \_\_\_\_\_

Every year United Methodist Women wish that a larger sum of money was available for distribution since requests are far greater than the income we receive and almost without exception we feel the agencies are worthy of our support. It is our objective to encourage and enhance outreach possibilities within the conference. We are pleased that you have committed to such ministries. May God bless your efforts.

Susan Roboski, Chairperson  
1623 Lillibridge Creek Road  
Port Allegany, PA 16743  
[susan.spirithouse@gmail.com](mailto:susan.spirithouse@gmail.com)