

**APPLICATION FOR PROJECT FUNDING
FROM
THE POVERTY TEAM
WESTERN PENNSYLVANIA CONFERENCE OF THE UNITED METHODIST CHURCH:
*Mission: To provide leadership, connection, and resources to make disciples of Jesus Christ
for the transformation of the world.***

OVERVIEW

The purpose of this grant is to provide seed money for ministries with the poor in local communities. The Western Pennsylvania Conference Poverty Team has limited resources available to assist United Methodist congregations and cooperative efforts in program funding. Preference is given to requests for:

- Start-up funding for new ministries with the poor in local churches.
- Expansion funding for existing ministries with the poor in local churches.
- Ecumenical ministries with a strong United Methodist involvement.

Eligible for grants are:

1. Ministries of local UM congregations or cooperative projects among UM Churches
2. Ministry must serve within the geographic area of the Annual Conference
3. In community/ecumenical ministries a local UMC will be the representative for this grant.
4. Priority will be given to new projects/applicants
5. Some applications may receive less than requested depending on the number of applicants.

Steps for Application:

- Please complete the application form answering all questions. You may submit by email (preferred) to Cheryl Davis at mclced@gmail.com or by hard copy to Cheryl Davis at 7651 E. Lake Rd., Erie PA 16511
- **REQUESTS WILL BE REVIEWED ON A QUARTERLY BASIS:** March, June, September, and December. They may be submitted at any time.
- If funding is granted, you will be expected to complete a Progress Report within 6 months of receipt of grant and again at end of one year from receipt if all money was not expended within 6 months of receipt. Questions to be answered can be found in attached Progress Report form.

APPLICATION

Date of Application: _____ Amount Requested _____

District: _____

Name of Church/Charge: _____ Pastor: _____

OR

Name of organization making application: _____

Sponsoring Church/Organization _____

Address: _____

Phone: _____

Fax: _____

Contact person: _____ E-mail: _____

Phone if different than above: _____

If grant is awarded, to whom should the check be written? _____

Mailing address for check if different than above: _____

Date this project was established, or is projected to be started: _____

Is this to fund a new project or expansion of an existing one? _____

Total amount needed for this project _____ Amount requested _____

Describe the ministry:

1. What will this project do and who will it serve?
2. What are the goals you expect to achieve?
3. How will the goals be measured?
4. Do you have a governing body other than the Administrative Board of your congregation? How are they selected?
5. What will these Poverty Team grant funds be used for?
6. What other funding sources do you have?
7. Do you receive money from any other W Pa Conf. Agency, such as Mission Support, etc.? How much? For what purpose?

Attach a budget for this program/project using the attached budget form or your own budget form.

Please attach any information (pictures, brochures, stories, that will help us understand your project. These may be used for display at Annual Conference or for workshops for other churches. You may also be asked to share your story via testimony at a Poverty Team meeting or other event.

If you are awarded this grant, may we publish information about your ministry through the conference website or publications? _____yes _____no

Pastor Signature _____ Date _____

Applicant Director Signature _____ Date _____

THE POVERTY TEAM
WESTERN PENNSYLVANIA CONFERENCE OF THE UNITED METHODIST CHURCH

PROGRESS REPORT

District: _____

Name of Church/Charge: _____ Pastor: _____

OR

Name of organization making application: _____

Sponsoring Church/Organization _____

Address: _____

Phone: _____ Fax: _____

Contact person: _____ E-mail: _____

Grant Amount requested: _____ Grant Amount awarded: _____

1. Briefly describe the progress of your program or project to date.

2. Are you getting the expected outcome(s)? What are the fruits of the program/project that you've already seen?

3. Is there anything you would have done differently?

4. Describe exactly what the Poverty Team grant funds were used for.

5. Please provide the reason for any remaining funds at the end of each 6 month period and the plan to use these funds.

6. Share any anecdotal stories on the effect of the grant to your program and your program recipients. Attach additional pages if necessary.

7. Complete column 3(Actual Spending Results) of our original budget form for this program/project to show where the grant funds were used. Create a similar column on your own budget form if that's what you originally submitted.

Failure to complete the requested Progress Report(s) will disqualify the organization from consideration for future Poverty Team grants.

Pastor Signature _____ Date _____

Applicant Director Signature _____ Date _____

**THE POVERTY TEAM
WESTERN PENNSYLVANIA CONFERENCE OF THE UNITED METHODIST CHURCH**

PROJECT BUDGET

Name of organization/program: _____

REVENUE	PROJECTED PROGRAM BUDGET	ACTUAL SPENDING RESULTS
Poverty Team funds requested		
Financial support from other sources:		
Funds committed by church		
Funds committed by other groups (please list each group)		
Grants from other sources (please list each source)		
Individuals		
Fundraising activities		
Other		
TOTAL REVENUE		
EXPENSES		
Personnel (wages by individual position, specify full or part time)		
Rent		
Insurance		
Utilities		
Equipment		
Program Supplies (please specify)		
Direct support to individuals served by your program (please specify) (ie, rent or security deposits, purchase of photo id)		
Other		
TOTAL EXPENSES		

