



## PROJECT FUNDING APPLICATION

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### SECTION 1: **OVERVIEW**

#### **Applicant Qualifications:**

- Request must be related to one of the following purposes:
  - Seed money for launching and sustaining ministries with Deaf, late-deafened, hard of hearing, and/or deaf-blind people.
  - Purchase of equipment or other resources to make activities accessible to Deaf, late-deafened, hard of hearing and deaf-blind people (e.g. assistive listening systems, real time captioning, large-print hymnals and Bibles, improved lighting for signing or aid to low-vision people, etc.).
  - Support for outreach missions in the United States and beyond that focus on ministry with Deaf, late-deafened, hard of hearing, and/or deaf-blind people (e.g. camps, community service, schools, training events for support people, etc.).
- Requests are not considered for the following purposes:
  - Salary of sign language interpreters for a regular Deaf ministry or other church activities. Grants may be utilized for interpreters working in a special event or mission. In that instance, a clearly understood explanation of such usage must be provided in the application form.
  - Acquiring a public address system. Funds will be granted for Assistive Listening Systems (ALS) that specifically help hard of hearing people and those deafened persons who employ a cochlear implant. The ALS must be portable in that it can stand alone in a room without a public address system, in addition to being able to broadcast sound through a public address system in an auditorium or sanctuary. Alternately, in addition to the main ALS, the portability requirement is satisfied by purchasing a small, battery operated transmitter that can employ a conference microphone. The Committee owns an ALS that can be borrowed by any church or church agency for either a short event or as a tryout for eventual purchase of an ALS. For particulars, contact the Rev. Wineva Hankamer at [ilycul@yahoo.com](mailto:ilycul@yahoo.com).
- Requests should cover no more than a 12 month period, but the request may be renewed up to three years. Under certain circumstances, and at the discretion of the Committee, extensions of the time limit can be ordered.
- Project or individuals must have a relationship with a local UMC congregation, District or Annual Conference.
- As a general rule, no annual grant shall exceed \$5,000. Exceptions are at the discretion of the Committee. The applicant must show other sources of income for the ministry, project, or scholarship request.

#### **Reporting Requirements:**

- Final narrative report, including financial report for projects, due 30 days post-approved funding period. Reporting templates provided upon approval of funding.

#### **Program Consideration:**

As a program of the United Methodist Church, the United Methodist Committee on Ministries with Deaf, Late-Deafened, Hard of Hearing, and Deaf-Blind People trusts that the recipient will act in accordance with the disciplinary mandate, which states that “these ministries shall be administered in the spirit of Jesus Christ and advance the dignity of persons without regard to religion, race, nationality or sex, and shall enhance the quality of life in the human community.”

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Individual or agency applying for a grant is strongly encouraged to obtain a copy of *Signs of Solidarity, Second Edition*, (\$7 plus s/h costs) from Joan Young, Health and Welfare Ministries Unit, 475 Riverside Drive Room 330, New York, NY 10115, and read the parts pertinent to the request for a grant.

**Required Submission with the application**

Applications must be signed and dated (see page 4) and/or official e-mail notification sent by authorizing personnel.	
Letter of reference for project director from the sponsoring church and/or District Superintendent	

**Submitting an Application**

**Email, Mail or Fax to: UMCOR Health c/o Joan Young; 475 Riverside Drive Room 330, New York, NY 10115; Phone: 212 870-3871 Fax: 212 870-3624  
Email: [jyoung@gbgm-umc.org](mailto:jyoung@gbgm-umc.org)**

Receipt of applications will be acknowledged via email. All funding decisions are made by the United Methodist Committee on Ministries with Deaf, Late-Deafened, Hard of Hearing, and Deaf-Blind People. Applications are received on a rolling basis and reviewed as funds remain available according to the following schedule:

<u>Applications received between:</u>	<u>Will be acted upon by:</u>
January - April	May 15
May - August	September 15
September - Dec 31	January 15

Note: All requests for summer camps should be received during the September-December review period.

**SECTION 2: APPLICANT INFORMATION**

<b>Date of Submission</b>		<b>Total \$ Requested</b>	
<b>Church/Organization Name</b>			
<b>Pastor/Director Name</b>		<b>Email Address</b>	
<b>Address</b> <i>Street Address</i> <i>City, State Zip code</i>			
<b>Phone Number</b>		<b>Fax Number</b>	
<b>Annual Conference</b>		<b>District</b>	
<b>Church Membership (#)</b>		<b>Church Attendance (#)</b>	
<b>Mission Statement</b>			
<b>Project Name</b>			
<b>Project Director Name</b>		<b>Email Address</b>	
<b>Address</b> <i>Street Address</i> <i>City, State Zip code</i>			
<b>Phone Number</b>		<b>Fax Number</b>	

**SECTION 3: PROJECT SUMMARY** (No more than 2 ½ pages)

**1. DESCRIPTION OF SITUATION NECESSITATING REQUEST:**

*Provide a brief description of the situation that the project seeks to address.*

**2. PROJECT GOAL:**

*In brief, state the project's goal.*

**3. PROJECT DETAILS:**

*According to the following categories, summarize the details of the project.*

**Recipients or Beneficiaries (include numbers as appropriate):**

*Who will directly benefit from the proposed assistance or project?*

**Geographic Area**

*What geographic area will the project serve?*

**Management:**

*Who will be responsible for managing the project?*

**Staffing:**

*Who will be working on the project? Please state numbers of staff; their roles; full, part time or volunteer status. If this program serves vulnerable people (minors, elders, persons with disabilities) indicate if all workers in the program have been trained through Safe Sanctuaries.*

**Project Status:**

*Indicate if your project is currently operating. Also, describe what action your church/organization or governing board need to take to initiate or continue your project.*

**Project Time Period:**

*Indicate the start and end date of the project.*

**Sustainability:**

*Explain how the project and its work will change and/or continue after the funding period.*

**4. OBJECTIVES and SUPPORTING ACTIVITIES:**

*List the objectives and supporting activities of how the project goal will be achieved (what you propose to do, how you will do it and where you will do it, and who will benefit. Also specify how you will monitor the proposed activities.)*

**SECTION 4: FUNDING REQUEST INFORMATION**

**1. SUPPORTING BUDGET FOR REQUEST**

Prepare a line item budget, inclusive of the funding request. A template is available below for your use or you may attach one in similar format. Use the space here for a budget narrative detailing the budget's contents. If the project budget exceeds the funding request, identify additional resources to fund the project in the budget template.

Note: Priority is given to projects that allocate no more than 20% of their total operating budget to administration and overhead expenses.

<b>INCOME</b> (specify sources)	<b>\$ USD</b>
Committee Funding	
Other:	
Other:	
Contributions in kind (specify)	
<b>Total Income</b>	
<b>EXPENSES</b> (itemize)	
<b>Project expenses</b>	
<b>Administrative expenses</b>	
<b>Operating expenses</b>	
<b>Miscellaneous expenses</b>	
<b>Total Expenses</b>	
<b>BALANCE</b> (Income minus Expenses)	

**2. PREVIOUS FUNDING RECEIVED FROM COMMITTEE or OTHER UMC AGENCY:**

<b>PURPOSE OF FUNDING</b>	<b>AMOUNT RECEIVED</b>	<b>DATE</b>

**SECTION 5: SIGNATURE AUTHORIZING SUBMISSION OF APPLICATION**

**Name and Signature of Project Director:**

Date:

**Name and Signature of Sponsoring Church Pastor:**

Date: