

**South Whitley United Methodist Church**  
**Endowment/Memorial Funds**  
*2019 Grant Application*

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Organization Federal I.D. Number: \_\_\_\_\_ Not-for-profit status? \_\_\_ Yes \_\_\_ No

Please describe the mission and major goals of your entity this year:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PROJECT INFORMATION:**

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

Total Cost of Project: \$\_\_\_\_\_ Amount Requested: \$\_\_\_\_\_

Date Project Begins: \_\_\_\_\_, \_\_\_\_\_

What areas of ministry will be impacted by this project? \_\_\_\_\_

How many people do you anticipate will benefit from this project? \_\_\_\_\_

(over)

How will this project bring unchurched people into a saving relationship with Christ and/or begin a discipline process? \_\_\_\_\_

\_\_\_\_\_

How will this new ministry follow up and disciple those it reaches? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

On separate paper, please describe in detail how these funds will be used and how this project enhances the mission of Christ and the ministry of the Church. Explain the project's goals and objectives and how they enhance the mission of Christ and the Church (Attach additional pages).

**GRANT APPLICATION DOCUMENTATION:**

To evaluate your application properly, the following documentation must be attached:

1. A copy of your entity's current budget and the project budget, showing all revenues and expenses for the proposed project.
2. The names, addresses and phone numbers of the entity's leaders and/or project leaders.
3. Any other supplementary materials that would describe the need for the project.

**Grant application deadline is August 18, 2019.** (Applications received after that date cannot be considered). You will receive notification of grant action in early September 2019.

\_\_\_\_\_  
Applicant Name (Please print)

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Applicant Signature

It is understood that an entity or group receiving a grant from the SWUMC Endowment/Memorial Committee will be expected to make a report to the Endowment/Memorial Committee within 12 months of receiving the grant. Such report shall indicate how grant funds were used and results achieved.

Return this completed Grant Application form and requested supporting documents and information to Chair of SWUMC Endowment/Memorial Committee.

*(For Endowment Fund Committee use only)*

*Comments:*

---

---

---

*Grant Comm. Recommendation:*   Ⓢ *Decline*   Ⓢ *Approve* - Amount \$ \_\_\_\_\_

*Date:* \_\_\_\_\_   *Signature:* \_\_\_\_\_

*Action by Endowment Fund Committee:*

Ⓢ *Decline*   Ⓢ *Approve* - Amount \$ \_\_\_\_\_

*Date:* \_\_\_\_\_   *Signature:* \_\_\_\_\_

This form adopted by SWUMC Endowment/Memorial Committee 11/30/2009