

**For Grants Review Committee Use Only**

Grant Id# \_\_\_\_\_

Date App. Received \_\_\_\_\_

**FIRST UNITED METHODIST  
CHURCH FOUNDATION  
GRANT APPLICATION**

*File on or before **March 15 or September 30**  
Maximum Amount of Grant: \$3,000.00*

**PURPOSE**

The mission of the First United Methodist Church Foundation is to support for generations the First United Methodist Church, Jefferson City, Missouri and its Methodist heritage. Foundation grant monies should apply to projects and initiatives which are consistent with the Foundation's mission and beyond the reach of the church's operating budget.

**GRANT REQUIREMENTS**

Applications should be typed or word processed and limited to the space allotted. Handwritten applications will be accepted, but must be printed in black or blue ink and be clear and easy to read.

All sections must be completed and submitted. Use the space provided in the application and only submit attachments if requested by the form.

Please sign and date the application and obtain the signature and date of signing of the church administrator.

Submit application on or before **Spring - March 15<sup>th</sup> or Fall - September 30<sup>th</sup>** via e-mail, mail or hand delivery to  
First United Methodist Church Foundation  
201 Monroe Street  
Jefferson City, MO 65101  
Attn: FUMC Foundation Board

The grant request should not exceed \$3,000.00. In extraordinary circumstances, the board of directors may vote to exceed the \$3,000.00 limit by a three-fourths vote in favor of the grant.

All requests for purchases related to grants shall be submitted to the FUMC Church Administrator. All financial disbursements will be completed by the FUMC Administrative Office. Personal reimbursements will not be authorized.

All disbursements must be finalized by November 1 (Spring) or March 15 (Fall).

A final report (See Section V) will be required for all awarded grants and shall be filed with the Foundation 14 days after the project/initiative/program is completed.

**Who can apply?**

You are eligible to apply for a FUMC Foundation if you are a church staff member or a church volunteer who is the chair or leader of a church organization recognized by the Ministry Support Team. A Foundation director is not eligible to submit a grant application

## **GRANT WRITING TIPS**

Applications must clearly state what specific results or benefits are anticipated from an approval of the grant.

Present well-reasoned, thoughtful answers with a positive writing style.

Make it easy for the reviewers to understand. They may not be familiar with career or service jargon, abbreviations or acronyms.

## **GRANT APPLICATION PROCESSING**

Grant applications will be reviewed by the Foundation's board. If an application is approved, a grant award letter will be issued.

Additional information may be requested by Foundation Board members during the grant review process.

If you have questions about the application or the grant process, please contact the Church Administrator at 573.635.6886 or any member of the FUMC Foundation Board of Directors.

**SECTION I**

**IDENTITY OF APPLICANT AND CERTIFICATION**

Applicant's Name: \_\_\_\_\_

Church Position: \_\_\_Staff \_\_\_Volunteer

Indicate title of Staff or Volunteer Position: \_\_\_\_\_

*(ex. Sunday School teacher, children's choir director, mission team leader, food pantry volunteer, etc.)*

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

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

Best Contact Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please list all individuals involved in planning this request. *(This information is helpful if additional information is needed and the primary contact person is unavailable.)*

\_\_\_\_\_

Have you ever applied for a grant from the Foundation? Yes \_\_\_ No \_\_\_

If yes, when? \_\_\_\_\_

Have you worked with a church staff member on this particular grant request? Yes \_\_\_ No \_\_\_

If yes, who? \_\_\_\_\_

**Certification**

**The undersigned certifies that the information contained in this application is accurate. The undersigned agrees that if a grant is awarded: (1) the grant will be used for the purpose outlined in the grant award letter from the Foundation and may not be expended for any other purpose without prior written approval from the Foundation, (2) the Foundation has received nothing of material value in exchange for the grant, and (3) information about the grant may be used by the Foundation in any published materials.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Church Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION II**  
**BASIC REQUEST INFORMATION**

**Grant Request**

Project, Initiative or Program Title: \_\_\_\_\_

Amount Requested:\$ \_\_\_\_\_

Time frame in which the funds will be used: (Please be as specific as possible by including dates, month, etc. whenever possible.)

From \_\_\_\_\_ To \_\_\_\_\_

If total funding is not available, can you benefit from partial funding? Yes \_\_\_\_ No \_\_\_\_

If yes, minimum funding amount: \$ \_\_\_\_\_

1. Please briefly describe the project/initiative/program for which you are seeking support:

2. What are the goals of the project/initiative/project?

3. The mission of the First United Methodist Church Foundation is to support for generations the First United Methodist Church, Jefferson City, Missouri and its Methodist heritage. How does the project/initiative/program relate to the mission of the FUMC Foundation?

4. Describe the benefits or outcomes anticipated.

5. How will the project/initiative/program be sustained or continue to provide benefit to the FUMC ministry after this year.

6. What subject area(s) of the Foundation would be promoted by an award of this grant? (Check all that apply.)

\_\_\_ Adult Ministries Fund

\_\_\_ Children and Youth Ministries Fund

\_\_\_ Capital Improvement Fund

\_\_\_ Music/Drama Ministries Fund

\_\_\_ Mission Fund

\_\_\_ Visiting Guest Fund

\_\_\_ Scholarship Fund

**SECTION III**  
**BUDGET SHEET**

Please list the anticipated expenses for the project, initiative or project and indicate other contributing funding sources, if applicable.

<b>Budget Categories</b>	<b>Foundation Amount Requested</b>	<b>Other Funding Sources</b>	<b>Total Expense</b>
<b>Materials &amp; Supplies</b> <i>(Please list items included in this line item.)</i>			
<b>Equipment</b> <i>(Please list items included in this line item.)</i>			
<b>Travel Costs</b>			
<b>Training Fees</b>			
<b>Other</b> <i>(Please list in narrative)</i>			

**SECTION IV**

**BUDGET NARRATIVE**

Please provide a brief narrative explaining what is included in each line item of the budget and how the estimate was determined. *Attach bids or cost estimates from a minimum of two (2) suppliers, if applicable.*

**Is this project currently supported or partially support by the church budget?    Yes \_\_\_ No \_\_\_**  
**If yes, what is the line item and amount? \_\_\_\_\_**

**SECTION V**  
**FUMC Foundation Grant**  
**FINAL REPORT**

Name of Grant Recipient: \_\_\_\_\_

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

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

Project/Initiative/Program Title: \_\_\_\_\_

List two benefits or outcomes which resulted from the program or project.

1.

2.

**Please submit this report within 30 days upon completion of the program or project. Mail or hand deliver to the Church Office:**

**First United Methodist Church Foundation**  
**Final Report**  
**201 Monroe Street**  
**Jefferson City, MO 65101**  
**Attn: Grants Review Committee**