

St. Andrew UMC Endowment Fund

GRANT APPLICATION

Full Application Due - January 1 or July 1 electronic version or paper

Date Submitted: _____

Please call or email the Endowment Committee with any questions
as you complete the application.

Contact Person's Name: _____

Street Address: _____

Contact Person & Title: _____

Contact Person's Phone: _____

Contact Person E-mail: _____

Name of Project: _____

Amount requested for Project: _____

Brief program description:

Has the program received a grant previously? Yes No (Circle one)

Submission Instructions: Application may be emailed to standrewchurch@comcast.net, mailed or hand-delivered to the St. Andrew Office. We will send confirmation of receipt for all applications (any delivery method) to the contact person email address below.

PLEASE PROVIDE THE FOLLOWING INFORMATION ON A SEPARATE SHEET(S), USING THE QUESTION NUMBERS INDICATED.

Program Information

1. Provide a description of the program or project, **(1-page maximum)**, including:
2. What are:
 - a. The specific program goals?
 - b. How will these goals be measured?
 - c. How will the project achieve the goals?
 - d. How does the project relate to the vision or mission of St. Andrew UMC?
3. Who will the participants of the project be?
4. Are project participant's mainly church family/ members or non-church persons?
5. About how many persons will benefit from this project?
6. What difference will this project make to the participants? How will you determine success?
7. How will you follow up with project participants?
8. Identify other funding sources; both secured funding and pending sources.
- If the program/project works directly with children/youth, a copy of our Safe Sanctuary Policies must be followed. This policy can be received from the church office.

Budget Information

9. If this program has already begun, please indicate the actual total income and total expense for the last 12-month period:

Complete the Program Budget form, found below, following the instructions given.

Program/Project Budget

Name(s): _____

Project Name: _____

Instructions: You may use this worksheet to develop and submit your program/project budget. Please list all expenses and funding for the program year that applies to this program/project. Total expenses (Line 10) should not exceed the total project funding (Line 17). **Do not submit the church operating budget.** The budget information below should be specific to the project for which you are requesting support.

A. Project Expenses – Include the description and amount of all costs associated with your project. Be as specific as possible. Project expenses may include salaries, payroll taxes, equipment, supplies, postage, marketing, etc.

Description of Expense	Amount
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10. Total Project Expenses (sum of lines 1-9)	\$

B. Program/Project Funding - Include the source and amount of all funding for your project. Funding sources may include grants, donations, fundraising, funds allocated from church or agency budget, other grants, etc.

Revenue Source	Amount
11.	\$
12.	\$

13.	\$
14.	\$
15.	\$
16.	\$
17. Total Project Funding (<i>Sum of lines 11-16</i>)	\$