St. Andrew United Methodist Church

**Grant Application Cover Sheet**

**Full Application Due - April 1st for July 1st awards (electronic version or paper)**

**Full Application Due - October 1st for January 1st awards (electronic version or paper)**

**I am submitting my application on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the January / July award**

 **(today’s date) (circle one)**

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

Name Applicant:

 Street Address: 14151154

Contact Person & Title:

Contact Person’s Phone:

Contact Person E-mail:

Name of program or project:

Amount requested from Grant Fund:

Brief program description:

Administrators of the

Program:

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

**Note: If funding has been awarded previously, evaluation report must be submitted.**

**Submission Instructions:** Application may be emailed to standrewchurch@comcast.net or mailed to the St. Andrew Office, or hand-delivered. We will send confirmation of receipt for all applications (any delivery method) to the contact person email address above. Applications must be **in our office** by April 1st/October 1st - **not just postmarked by deadline**.

**Page 2**

**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**).
2. What are:
	1. The specific program goals?
	2. How will these goals be measured?
	3. How will the program achieve the goals?
	4. How does the program relate to the vision or mission of St. Andrew UMC?
	5. What is the time line for the program goals?
3. Who will be program participants?
4. Are program 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 program make to the participants? How will you determine success?
7. How will you follow up with program participants? (Planned outreach and follow-up for ongoing program results)
8. Identify other funding sources; both secured funding and pending sources.
* If the program/project works directly with children/youth, provide a copy of Safe Sanctuary Policies.

You may include as attachments other information you feel is relevant. This includes photos.

**Budget Information**

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

|  |  |
| --- | --- |
| **Total Income** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Total Expense** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |

1. Complete the attached Program Budget form following the instructions given.

**Program/Project Budget**

Contact Name(s)

Program/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. Do not include in-kind donations or non-cash support. 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 program/project for which you are requesting support.

**A. Program/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 *(Sum of lines 11-16)*** | **$** |

**Grant Funding Semi-Annual/Annual Evaluation**

**St. Andrew UMC**

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

Name Applicant:

 Street Address: 14151154

Contact Person & Title:

Contact Person’s Phone:

Contact Person E-mail:

Name of program or project:

Amount remaining in Grant:

Brief program review:

Administrators of the

Program:

**Semi-Annual Evaluation**

1. Provide a description of how the program or project is progressing in relation to your goals. (**1 page maximum**).
2. Are there any success stories to share pertaining to your program or project?

You may include as attachments other information you feel is relevant. This includes photos.

**Budget Information**

1. If this program has already begun, please indicate the actual total income and total expense for the last 6 -month period:

|  |  |
| --- | --- |
| **Total Income** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Total Expense** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |

1. Complete the attached Program Budget form following the instructions given.

**Annual Evaluation**

Please complete the Semi-Annual Evaluation information above and also include responses to the following questions:

At the end of the year:

1. What are the measurable results compared to your goals?
2. Did the program goals need to adjust and if so, how and what achievements can be shown?
3. Did the program ultimately relate to the vision or mission of St. Andrew UMC?
4. About how many persons benefited from this project?
5. How will you follow up with program participants? (Planned outreach and follow-up for ongoing program results)

**Program/Project Budget**

Contact Name(s)

Program/Project Name

*Instructions*: Please use this worksheet to show and submit your program/project budget and expenses. Please list all expenses and funding for the program year that applies to this program/project. Do not include in-kind donations or non-cash support. Total expenses (Line 10) should not exceed the total project funding (Line 17). The information below should be specific to the program/project for which you received support.

**A. Program/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 *(Sum of lines 11-16)*** | **$** |