UMCOR/Global Health Grant Application
(Mustard Seed Migration Program)
Maximum Grant Amount: $2,000

The United Methodist Committee on Relief (UMCOR) is the humanitarian relief and development arm of The United Methodist Church (UMC), a non-profit 501(c)(3) organization operated under the auspices of the General Board of Global Ministries.

Part I: Applicant Information

Date of Submission	YYYY-MM-DD	
Implementing Organization	Name	
	Address	
	Website	
	Phone	
Head of Implementing Organization	Name and Title	
	Phone	
	Email	
Applicant/Primary Contact	Name	
	Title	
	Phone	
	Email	
	Please describe your role in the proposed project.	
Denominational or Organizational Status	☐ UMC Church or Conference ☐ 501(c)(3) or registered charity ☐ Faith-based organization ☐ None of the above. My fiscal agent will be:	

Part II: Context

1. **Describe the specific needs and conditions and their cause(s) that you would like to address.**
   (250 words or less)

2. **Please indicate the areas and estimated number of people impacted by this situation.**

3. **Describe the government's involvement, your current involvement, and any work currently underway to address this situation?** (250 words or less)

4. **Describe the methods used to assess the problem and determine the needs.** (250 words or less)

Part III: Project Information

Project Title Please make sure that the title accurately describes your project.	
Amount Requested (up to $2000 USD)	
Project Duration (months)	Six
What is the total number of people you believe you can serve?	

5. **Considering the situation and its context (described in Part II), please describe your project's objectives, activities and the desired result(s) for each.**

Objective 1:		
Activity 1		**Desired Results**:
Activity 2		**Desired Results**:
Activity 3		**Desired Results**:
Objective 2:		
Activity 1		**Desired Results**:
Activity 2		**Desired Results**:
Activity 3		**Desired Results**:
Objective 3:		
Activity 1		**Desired Results**:
Activity 2		**Desired Results**:
Activity 3		**Desired Results**:

6. **Please complete the chart below.**

Category of persons reached	Number of individuals	Source of documentation
Example: Students	*50*	*Attendance roster*
Example: Mothers	*10*	*Beneficiary list*

Part IV: Program & Financial Management

Please provide job descriptions if this grant will fund staff or interns for more than 50% of their time.

7.

Project lead/grant Manager List percentage of time in parentheses by name.	Name	
	Title	
	Phone	
	Email	
	Office Location	
Financial officer? List percentage of time in parentheses by name.	Name	
	Title	
	Phone	
	Email	
	Office Location	

	USD
UMCOR or General Board of Global Ministries	$
Other General Agency Support – [specify agency]	$
Annual Conference/Episcopal Area	$
Local Churches/Individuals	$
Other Grants	$
Partner Organization	$
Event Registration Fees	$
In-Kind Gifts	$
TOTAL	**$**

Expenses	USD
Direct program (example categories: personnel, materials, food, lodging, publication)	
Example - Personnel	*$###.##*
	$
	$
	$
	$
Program support (example categories: personnel, equipment, space, utilities, travel)	
Example – Meeting space (In-Kind)	*$###.##*
	$
	$
	$
	$
TOTAL	**$ 0.00**

8. **Describe your selection criteria for project participants/beneficiary and explain how resources will be distributed among participants.** (250 words or less)

9. **How will you acquire participant/beneficiary consent and protect participant/beneficiary privacy?**

Part VI: Attachments

ALL GRANTEES: IN ADDITION TO THIS DOCUMENT, PLEASE ATTACH THE FOLLOWING DOCUMENTS INDICATED BELOW IN YOUR SUBMISSION EMAIL:

1. Any Memorandum of Understanding/contract and other documentation regarding sub-grantees Not applicable to Mustard Seed Migration Grant program
2. Non-profit registration information If applicable
3. Code of Conduct/Conflict of Interest Policy or similar existing policy
4. Child Safety Policy or agree to adopt Global Ministries Child Safety Policy (if applying for funds to work, even in part, with children).

Global Ministries requires its grantees who work with children when using funds provided by Global Ministries to either adopt its Child Safety Policy or have its own policy, which substantially complies with and contains the core tenants set forth in Global Ministries' Child Safety Policy. If your organization is applying for funding for work even in part with children, please attach your organization's Child Safety Policy or agree that you will adopt Global Ministries' Child Safety Policy.

☐ Applicant agrees to adopt Global Ministries' Child Safety Policy.

☐ Applicant attaches own Child Safety Policy, which meets Global Ministries' requirements, as described in Global Ministries' Child Safety Policy.

Part VII: Signatures

Please obtain signatures from the following persons as it applies to your organization for the purpose of authorizing the submission of this proposal (including all other relevant reporting components).

Grant Project Manager (Project Lead)		Head of Organization (Senior Pastor)	
Name:		**Name:**	
Title:		**Title:**	
Signature:		**Signature:**	
Date:	Click or tap to enter a date.	**Date:**	Click or tap to enter a date.

☐ I certify by signing here that the details provided above in this application are accurate and truthful.

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