Please return this application form and all other supportive documents to: Global Ministries

Dr. Dana Lyles: [dlyles@umcmission.org](mailto:dlyles@umcmission.org)

Erin Lee: [erinkim@umcmission.org](mailto:erinkim@umcmission.org)

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# Global Ministries | The United Methodist Church

ATTN: *Asian American Language Ministry*

458 Ponce de Leon Ave, Suite 1, Atlanta, GA 30808

770.625.7833

**FOR OFFICE USE ONLY**

Date Application Received:

Amount Requested:

Name of the Project:

MOB Number:

Previous Evaluation Received Yes

Review & Approval: Recommended

Not Recommended Referred back

No

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

N/A

Rationale:

Amount Recommended:

Timeline: Notification Date:

Disbursement Date:

Evaluation Sent Date: Received Date:

**PROJECT IDENTIFICATION INFORMATION**

|  |  |  |
| --- | --- | --- |
| Name of Project and Church/Caucus | Name of Ministry, Project, or Event: | |
| Name of Church or Caucus: | |
| Date of Application submitted: | | Amount Requested: |
| Annual Conference: | | Jurisdiction: |
| Racial/Ethnic Group: | | Specify Language Spoken: |
| Date of the Proposed Project/Event: | | Program Ministry Focus Area(s)  \_\_\_\_Ministry with the Poor  \_\_\_\_Leadership Development  \_\_\_\_Congregational Development  \_\_\_\_Language Ministry Resources |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CONTACT INFORMATION** | | | | | |
| **Information of Pastor or Responsible Leader** | | | | | |
| Name: | | | | | |
| Street: | | | | | |
| City: | State: | | Zip: | Email: | |
| Telephone  Home: | | Office: | | | Cell: |
| **Information of Individual Submitting Request/ Contact Person** | | | | | |
| Name: Title or Position/Church or Caucus: | | | | | |
| Street: | | | | | |
| City: | State: | | Zip: | Email: | |
| Telephone  Home: | | Office: | | | Cell: |
| **Payee (Conference or Caucus Treasurer) Information** | | | | | |
| Name of Payee: Title or Position: | | | | | |
| Name of Conference or Caucus: | | | | | |
| Street: | | | | | |
| City: | State: | | Zip: | Email: | |
| Telephone  Home: | | Office: | | | Cell: |

# DESCRIPTION OF PROJECT

(D*escribe with specifics the ministry, project, or event for which the grant is being requested. Answer all* ***pertinent*** *questions.*)

1. Describe the setting, and the context of the project and how it addresses the focus areas of the Asian American Language Ministry Plan.
2. What needs will this ministry meet?
3. Vision and description for this new ministry:
4. What are the short term and long-term plans for this project?
5. How are you planning to achieve the project’s ministry’s goal/s?
6. How is the community or ethnic constituency involved with the church/organization?
7. Is the project in partnership with other organizations? If yes, please list the partnerships.
8. Please specify how will the requested AALM grant funds will be utilized.
9. Please indicate what steps will be taken for the project to become financially self-sufficient.
10. Budget: The Income and Expenses must be equal.

Provide the **INCOME** FROM ALL sources for your ministry project

|  |  |
| --- | --- |
| **INCOME** |  |
| AALM Grant | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **TOTAL INCOME** | $ |

Please indicate **EXPENSES** FOR EACH component of your ministry/project

|  |  |
| --- | --- |
| **EXPENSES** | **TOTAL** |
| Applicant Contribution (at least 10% of requested amount) | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **TOTAL EXPENSES** | $ |

* + 1. If funding is sought for a staff position, please attach the job description. If you know the person who would serve in this position, attach a copy of their biography or resume.
    2. Provide the most recent financial statement or the budget for the current and past years prior to this year.

*The General Board of Global Ministries of the United Methodist Church seeks to assure the physical and sexual safety, emotional well-being, and spiritual health of children, youth, and adults.* ***Please submit your church’s/organization’s Safe Sanctuary or Child Protection Policy.***

Additional information can be requested from the signers of the application by AALM staff as needed.

# Review by National Caucus Chair

Name: (Print)

E-mail:

Tel. Office:

Home:

Cell:

My signature below confirms that I have reviewed the application and/or that I am otherwise knowledgeable about the project and its current proposal before the General Board of Global Ministries.

National Caucus Chair Signature: \_\_\_\_\_\_\_\_Date:

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