**United Methodist Voluntary Service**

**Community Engagement Grant**

**Application Form**

**Maximum Grant Request: $15,000**

**Please submit to:** [**dlyles@umcmission.org**](mailto:dlyles@umcmission.org)

The United Methodist Voluntary Service (UMVS) serves as a resource to volunteer-based groups and programs that challenge unjust political, social, and economic systems which threaten the livelihoods of people of low socioeconomic status, as well as racial/ethnic communities. Community Engagement Grants can be used for short-term (less than 1 year) community-based outreach programs and events. The UMVS provides financial resources of up to $15,000 per congregation, annual conference, or mission partner. **Applicants must provide a financial contribution of at least 10% of the requested amount.**

**Section 1: Organization Information**

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| **1.** | **Name of Church Partner or Organization** |  | | **Year Founded:** |
| **2.** | **Address** *(Full Address for organization applying for grant: City, State/Province, Zip Code, Country)* |  |  | **Country:** |
| **3.** | **What is the name of the Head of Church Partner or Organization?** |  | | |
|  | **Email /Phone Contact Information** |  | | |
| **4.** | **Who is the Primary Contact for this Project or Grant Application?** |  | | |
|  | **Email /Phone Contact information** |  | | |
| **5.** | **Please check (X) one of these partnerships that best describe your connection to Global Ministries** | 1. UMC Annual Conference 2. UMC Central Conference 3. Autonomous Methodist Church 4. Ecumenical /Interfaith Partner 5. Mission Initiative 6. NGO/Secular Partner | | |
| **6.** | **Please describe your Church/Organization Mission and Experience** |  | | |

**Section 2: PROJECT/PROGRAM INFORMATION**

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| --- | --- | --- | --- | --- | --- |
| **1.** | **Project/Grant Name** | |  | | **Amount Requested USD:** |
| **2.** | **Received Global Ministries Funding in the past 4 years?** | | **Year (s):** | | **Amounts Funded USD:** |
| **3.** | **Focus Area of Project/Program** *(please check/X ONE only)* | | 1. Leadership Development 2. Congregational Development 3. Ministries with the Poor 4. Global Health | | |
| **4.** | **Project/Program Time Frame** *(if applicable)* | | **Start Date** *(mm/dd/yyyy)* | | **End Date** *(mm/dd/yyyy)* |
| **5.** | **Project Location** *(where project/program will be carried out)* | | **REGION:**  Africa Region \_\_\_  Asia Region \_\_\_  Europe Region \_\_\_  Latin America/Caribbean Region \_\_\_  Middle East Region \_\_\_  North America \_\_\_ | | **COUNTRY:** |
| **CITY:** |
| **6.** | **Community Context** *(*please briefly describe the socioeconomic and cultural context of the community, **highlighting** contextual information relevant to this proposal): | | | | |
| **7.** | **Please describe the problem to be addressed through this project/program:** | | | | |
| **8.** | **What is the goal of this project/program:** (What specifically will be done to address the identified problem)? | | | | |
| **9.** | **Project/Program Activities (**Please describe the main activities that will enable you to achieve the above goal) | | | | |
| **10.** | **Who or How will these activities or actions be implemented/carried out?** | | | | |
| **11.** | **Who are the direct beneficiaries of this project/program?** | | *Number of Children* |  | |
| *Number of Youth* |  | |
| *Number of Women* |  | |
| *Number of Men* |  | |
| **12.** | **Community Strengths and Assets** Please give a brief description of the community resources relevant to this program that are seen as positive assets. e.g. hospitals, schools, churches, water sources, leadership, cultural characteristics, community groups. |  | | | |
| **13.** | **Community/Partnerships’ Participation** *Please provide details on how the project will integrate feedback from the community and partners in the assessment, design and evaluation phases?* | |  | | |
| **14.** | **Success** What results/outcome do you expect from the activities you described for this project and how does this fit into your Church or Organization strategic plans? | |  | | |
| **15.** | **Sustainability** What steps will be taken to ensure that this project/program will continue? | |  | | |
| **16.** | **Please submit church/organization Child Protection/Safe Sanctuaries Policy.** | | | | |

**BUDGET**

**Please include in-kind contributions whenever applicable. Applicant must contribute at least 10% of requested amount.**

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| **Expenses** | **USD $** |
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| **TOTAL Expenses** |  |
| **Income** |  |
| Requested UMVS Grant |  |
| Applicant Financial Contribution (at least 10% of requested amount) |  |
|  |  |
|  |  |
|  |  |
| **TOTAL Income** |  |

**SAFETY of CHILDREN AND YOUTH**

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 provide the policy or a statement your Church or Organization uses for this standard**.