Feeding Our Neighbors
Food Support Grant Application

To address a growing U.S. hunger crisis, the General Board of Global Ministries is making 50 Feeding Our Neighbors food ministry grants available, offering up to $2,000 in emergency food funding for United Methodist congregations with food ministries, pantries and ministry partners across the United States. United Methodist churches seeking to participate in the program can complete the application below. Applications will be accepted through December 15, 2025.

These grants are intended to inspire acts of compassion at this time, in answer to Jesus' call in Matthew 25:35: "For I was hungry and you gave me food, I was thirsty and you gave me something to drink."

Feeding Our Neighbors grants have been made available through the United Methodist Voluntary Service Program. Designed to operate at the micro level, the grants directly support local church food ministries and pantries, while larger Global Ministries grants will address needs on a broader scale.

Approved grants will be dispersed within three weeks of approval to provide immediate support for local food ministries during this critical time.

For more information or to submit a completed, signed application, email mem@umcmission.org.

Grant Application Form

Please fill out every question to the best of your ability and get in touch with your staff contact if you have any questions/concerns. Please do not use acronyms – spell the whole name if applicable.

Section 1: Organization & Project Information

Date of submission			
Organization or church name			
Organization type *(select one that best applies)*	☐ UMC church, conference or entity ☐ Other affiliated Methodist church or entity ☐ UM-related school		
If UMC church or organization, what annual conference are you located in?			
Organization's EIN *(if US-based)* **or registration number** *(non-US, if available)*			
Organization contact information	**Street address**		
	City		
	State/province		
	Postal Code		
	Country		
	Phone number		
	General email		
	Website		
Grant contact person	**Name**		
	Title		
	Email		
	Phone		
Project title			
Project location(s)		**Amount requested (USD)**	$
Project country			
Project time frame	**Start date** *(mm/dd/yyyy)*	**End date** *(mm/dd/yyyy)*	

Section 2: Narrative

1. **What is the goal of this project?** *(50-word maximum)*

2. ***Briefly describe the specific needs and conditions and their causes that you seek to address through this project.*** *(300-word maximum)*

3. **Please outline the activities that this funding will support to achieve the goal.** *(200-word maximum)*

4. **Briefly describe the assets and capacities (skills, talents, expertise, leadership, networks, community relationships, volunteer labor, supplies, etc.) that you and your community bring to this project.** *(150-word maximum)*

5. **How many people will this project support directly and indirectly?**

Number directly supported	
Number indirectly supported	

6. **Is your organization a new grant applicant for Global Ministries, UMCOR, or the General Board of Higher Education and Ministry?** ☐ Yes ☐ No

    a. **If yes, please tell us more about your organization and its mission, as well as how it is uniquely suited to carry out this project.**
    b. **If no, please tell us about support your organization has received from these agencies in the past two years.**
    (150-word maximum for either prompt)

Section 3: Program Specific Questions

1. Does your church/organization have an existing food pantry?
    ☐ Yes
    ☐ No

Section 4: Project Budget

Income	**USD**	**Narrative/Description**
Requested Global Ministries UMCOR, or GBHEM Support	$2,000	"Feeding Our Neighbors Grant"
TOTAL	**$2,000**	

Expenses *(example categories: materials, food, meals, food baskets et.,)*	**USD**	**Narrative/Description**
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
TOTAL	**$**	

Additional notes on the budget:

- Income section must equal the Expenses section
- Please review the grant program guidelines for budget restrictions that may apply.
- We reserve the right to require a more detailed budget breakdown for approval, request details on the intended use of grant funds, and/or request proof of expenses after the grant closes.
- Include the whole amount requested from Global Ministries, UMCOR, or the General Board of Higher Education and Ministry in your income, which should match the requested amount from section 1 (Organization & Project Information).

Section 5: Child Safety Policy

Global Ministries and the General Board of Higher Education and Ministry require grantees who work with children and youth (under 18 years old) when using funds provided by either agency to either adopt their Child Safety Policy or have its own policy, which substantially complies with and contains the core tenants set forth in the agencies' Child Safety Policy. If your organization is applying for funding for work even in part with children and youth (under 18 years old), please attach your organization's Child Safety Policy or agree that you will adopt the Child Safety Policy of Global Ministries and the General Board of Higher Education and Ministry.

Click this link to access the Global Ministries and General Board of Higher Education and Ministry Child Safety Policy: https://umcmission.org/global-ministries-child-safety-policy/

☐ Applicant agrees to adopt the Global Ministries and General Board of Higher Education and Ministry Child Safety Policy.
☐ Applicant attaches its own Child Safety Policy, which meets Global Ministries' and General Board of Higher Education and Ministry's requirements.
☐ Applicant confirms this proposal does not involve any work with children and youth (under 18 years old).

Section 6: Signature

By signing below, you certify that the details provided in this application are accurate and truthful.

Head of organization	
Name	
Title	
Organization name	
Signature	
Date	

Submit completed and signed applications to: mem@umcmission.org

FOR INTERNAL USE ONLY

Grant Number		
Source of Funding (include Advance/DDTR info)		
Program Manager		
Consulting Executive/Reviewers		
Reviewer Comment (please include information about history of agency's relationship to partner)		
Disbursement Schedule	Payment Date:	Amount:
Reporting Schedule	Report (time period):	Due Date: