

THE UPPER NEW YORK ANNUAL CONFERENCE UNITED  
METHODIST WOMEN  
MISSION PROJECTS COMMITTEE

**It is the desire of the Upper New York Conference United Methodist Women to offer grants to non-profit community and church-based organizations that follow the teachings of Jesus Christ and address the needs of women, children and youth within the boundaries of our conference. Grants are not to be used for salaries or equipment. Applications must be filled out completely and will be evaluated by the committee. Grant period will be July 1 - June 30.**

**Enclosed is the application form to be used for requesting a grant for no more than \$2,000.00 from the CONFERENCE MISSION PROJECTS COMMITTEE. All completed applications must be returned either electronically or postmarked no later than **May 15, 2016.****

I. CRITERIA FOR GRANTS

- A. The projects/programs must be located within the boundaries of the Upper New York Annual Conference of the United Methodist Church.
  
- B. Grants may be given to support projects/programs for the benefit of women, children and youth
  
- C. The proposed or established mission projects/programs must address ONE or MORE of the following categories:
  - 1. Physical, emotional, mental or spiritual wholeness of children, youth or women;
  - 2. Elimination of institutional racism directed toward children, youth or women, including safeguarding of the nationality, culture or language;
  - 3. Building a positive self-image and self-esteem in relation to gender, in addition to combating sex role or stereotyping;
  - 4. Advocacy on behalf of rights and needs of children, youth and women;
  - 5. Root causes of exploitation shown through economic, political, racial or sexist practices;
  - 6. Provision of opportunities of development of leadership skills;
  - 7. Enablement of women to participate fully in decision-making at all levels of their lives.

II. EVALUATION

An evaluation of all projects/programs which receive funding will be required.

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**Grant Application**

Deadline for submission is **May 15, 2016**

Date of application \_\_\_\_\_

Organization name \_\_\_\_\_

Contact person \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_ Fax number \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

Project title \_\_\_\_\_

Grant request \$ \_\_\_\_\_ Period grant will cover (months) \_\_\_\_\_ to \_\_\_\_\_

**If unable to implement the program/project within the one (1) year time limit, the grant must be returned to the Upper New York Conference Mission Projects Committee. Funds are not transferable to other programs or projects.**

Total project budget \$ \_\_\_\_\_

THE PROPOSAL FOR WHICH A GRANT IS BEING REQUESTED

- A. Describe the program or project, include your mission statement and also number of persons being served. Be as specific as possible, using additional paper if needed to complete your response.

B. Examine the list of criteria on page 1 which will be used to evaluate the request. Record those criteria which will be addressed by your program or project.

C. Who will prepare the required evaluation report of the program/project? Please provide name, address and email address.

D. Attach the full itemized budget for the program or project for which you are requesting a grant. Please list sources from which you anticipate receiving other funding.

E. How did you learn about this grant? Does your organization have connection to The United Methodist Women? \_\_\_\_\_ If yes, how?

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Signature (Program/Project Chair or President)

Submit all completed forms on or before May 15, 2016 to: Valerie Clark; e-mail [vdjphilly@gmail.com](mailto:vdjphilly@gmail.com) or Valerie D. Clark, 174 Hazelwood Terrace, Rochester, NY 14609

You may contact Valerie Clark, Conference Mission Projects Chairperson, with questions and/or concerns at 585-233-9808 or [vdjphilly@gmail.com](mailto:vdjphilly@gmail.com).

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**Grant Application - Budget**

If you already prepare a project budget that approximates this format, please feel free to submit it in its original form. You may submit additional pages for income and expenses. Please indicate organizational and project on each budget form submitted.

Budget for the period: \_\_\_\_\_ to \_\_\_\_\_

<u>ITEM</u>	<u>EXPENSES</u>	<u>AMOUNT</u>	<u>INCOME</u>	<u>AMOUNT</u>
			<u>SOURCE</u>	
Salaries & wages		\$ _____	Government grants	\$ _____
Fringe benefits & Payroll taxes			contracts	
Consultation & Professional fees		\$ _____	Foundations	\$ _____
Travel		\$ _____	Religious institutions	\$ _____
Equipment		\$ _____	United Way	\$ _____
Supplies		\$ _____	Individual contributions	\$ _____
Training		\$ _____	Fundraising events	\$ _____
Printing & Copying		\$ _____	Membership income	\$ _____
Telephone & Fax		\$ _____	In-kind support	\$ _____
Postage		\$ _____	Other (earned income)	\$ _____
Rent & Utilities		\$ _____		
In-kind expense		\$ _____		
Other (specify)		\$ _____		
		\$ _____		
		\$ _____		
<b>TOTAL EXPENSE</b>		\$ _____	<b>TOTAL REVENUE</b>	\$ _____
			<b>BALANCE</b>	\$ _____

