

Community Partners Grant Application

Manchester UMC application to request funding from the 2024 Easter Offering

Note: This grant application is for the **external organizations independent of Manchester UMC** to apply to receive funding from the church offerings. If the applicant is an internal ministry of Manchester UMC, please fill out our Internal Missions Ministry Grant Application.

Purpose: The Missions Team of Manchester UMC designates the recipients of annual offerings (such as the Easter Offering, Christmas Offering, the General Missions Offering, the Communion Offerings). Any ministry requesting funding from these annual offerings are to submit a completed grant application. This provides an opportunity to tell the Missions Team about the Community Partners' needs, ideas, hopes, dreams, and projects. This will allow Manchester UMC to keep more accurate records of disbursements, outcomes, and rationales for designating the offerings.

There are three parts to the Grant Form. Please complete all three:

- Cover Sheet
- Overview of Funding Request (3-page maximum)
- Required Attachments

Guidelines:

- Please do not submit handwritten proposals.
- Answer all the questions unless otherwise instructed by the grant maker.
- Do not include any materials other than those specifically requested at this time.

In a minimum of one page, please include:

1. Brief summary and description of the Community Partners' history:
Purpose of this funding request. Please describe:
 - a. Community/client needs or issues that will be addressed by this project AND 3-5 strengths of the community/clients your organization serves.
 - b. The target population, number of individuals, and geographic area that will benefit from this proposal.
 - c. Your organization's volunteer opportunities.
 - d. What your organization hopes to accomplish (outputs and/or outcomes) and how this project will contribute to the organization's overall mission.
2. Please explain how the organization will measure the effectiveness of these activities.
If applicable: Names and brief description of roles of partners on this project.
List any internal or external efforts your organization is currently undertaking to incorporate diversity, equity, and/or inclusion (DEI) into its policies and practices. Are there DEI initiatives your organization hopes to undertake?

Required attachments:

1. Project budget.
2. Organization's annual budget.
3. IRS Letter of Determination.

Easter Grant for Community Partner Application Due Date

By **April 19, 2024**, please submit this form electronically to
Liz Shuburte, Director of Missions, at liz.shuburte@manchesterumc.org.

Community Partners Grant Application from Manchester UMC Easter Offering Cover Sheet

Application date:					
Organization's legal name: (as shown on IRS Letter of Determination)					
Doing business as: (if different from legal name)					
EIN #:					
Address:					
Org. Website:					
City:		State:		ZIP code:	
Org. Telephone #:		Org. Email Address:			
Executive Director: (or top executive)	(Please include prefix and title)	Phone #:			
		Email address:			
Main contact(s) for this proposal:	(Please include prefix and title)	Phone #:			
		Email address:			
Board President:		Phone #:			
		Email address:			
Organization's tax exempt status/IRS designation (e.g., 501(c)(3), 501(c)(9), etc.)	(Attach a copy of the IRS Letter of Determination. NOTE: this is not the state sales and use tax exemption certificate. If there has been a name change, provide copies of the amended state certificate of incorporation and amended IRS Letter of Determination.)				
If not a 501(c)(3) nonprofit, then who is the fiscal agent?	(Attach a copy of the written agreement from fiscal agent plus fiscal agent's contact information and EIN.)				
Organization's mission statement:					

Type of request (check one):			
<input type="checkbox"/> Capacity Building Support		<input type="checkbox"/> Program/Project Support <input type="checkbox"/> New Project <input type="checkbox"/> Existing Project <input type="checkbox"/> Expansion of Existing Project	
		<input type="checkbox"/> Other (explain)	
<input type="checkbox"/> Capital Campaign			
<input type="checkbox"/> General Operating Support			
Project/campaign name: (if general operating please indicate)			
Proposal summary: In 200 words or less summarize the purpose of this request.			
Funding period requested: (be specific)	/ / through / /	Amount requested:	\$
Total project budget for this period: (not required if general operating request)	\$	Organizational annual budget:	\$
Organization fiscal year:	/ / through / /		
Geographic area(s) served: (include specific counties)	(For this project. If general operations support, for this organization.)		
Does your organization receive funding from a giving federation? Please list all that apply. (e.g., United Way, Arts and Education Council, Jewish Federation)			
If we are not able to fund the full amount requested, are you still interested in receiving a lesser amount than requested if your grant is selected for funding? Please describe any limitations.			

Agreement

I certify, to the best of my knowledge, that all information included in this proposal is correct. The tax exempt status of this organization is still in effect. If a grant is awarded to this organization, then the proceeds of that grant will not be distributed or used to benefit any organization or individual supporting or engaged in unlawful activities.

In compliance with the USA Patriot Act and other counterterrorism laws, I certify that all funds received from this funder will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes, and executive orders.

Signature & Title of Authorized Representative (e.g. Executive Director)

Date