

# Internal Missions Ministry Grant Application

Manchester UMC application to request funding from the 2024 Easter Offering

**Note:** *This grant application is for the **Internal Missions ministries of Manchester UMC** to apply to receive funding from the church offerings. If the applicant is an external organization, please fill out our Community Partners form.*

**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 ministries' needs, ideas, hopes, dreams, and projects. This will allow Manchester UMC to keep more accurate records of disbursements, outcomes, and rationales for designating offerings.

**There are three parts to the Grant Application. 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 maximum of three pages, please include:**

1. Brief summary and description of ministry's 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 this ministry serves.
  - b. The target population, number of individuals, and geographic area that will benefit from this proposal.
  - c. The ministry's volunteer opportunities.
  - d. What the ministry hopes to accomplish (outputs and/or outcomes) and how these funds will contribute toward the ministry's overall mission.
  - e. If more than one desired accomplishment is requested, please rank the level of importance for each one.
2. Please explain how the ministry will measure the effectiveness of these activities..  
If applicable, provide names and brief description of roles of partners on this project.

**Required Attachments:**

Ministry's current finance detail (accessible from the Director of Finance), annual budget if applicable, or planned expenses if applicable.

**Easter 2024 Grant Application for Internal Missions Ministries Due Date**

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

## Internal Missions Ministry Grant Application from Manchester UMC Easter Offering Cover Sheet

Application date:			
Ministry Name:			
Main contact(s) for this proposal:		Phone #:	
		Email address:	

Purpose of this ministry:

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"/> General Operating Support	<input type="checkbox"/> Other (explain)

Project/campaign name: (if general operating please indicate)	
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Proposal summary: In 100 words or less summarize the purpose of this request.

Funding period requested: (be specific)		Amount requested:	
Total project budget for this period: (not required if general operating request)			
Geographic area(s) served: (include specific counties)			

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.	
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<b>Agreement</b>
<i>I certify, to the best of my knowledge, that all information included in this proposal is correct. 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.</i>

\_\_\_\_\_  
Signature & Title of Primary Contact

\_\_\_\_\_  
Date