

UM Foundation Grant Application 2021 Program Year

These grants are intended for (but are not limited to) funding for ministries, programs, consultant and auditing services, stewardship resources, conference or meeting attendance or hosting costs, and emergency needs, among others.

| | | | |
|---|--|---------------------|--|
| Legal name of organization applying for grant: | | | |
| Doing business as: (if different from legal name) | | | |
| EIN #: | | | |
| Mailing address: | | | |
| Physical address (if different from above): | | | |
| Org. telephone #: | | Org. fax #: | |
| Org. website: | | Org. email address: | |
| Pastor (if applicable): | | Phone #: | |
| | | Email address: | |
| Main contact(s) for this application: | | Phone #: | |
| | | Email address: | |
| Program or project administrator (if applicable): | | Phone #: | |
| | | Email address: | |

Organization's tax exempt status/IRS designation (e.g., 501(c)(3), 501(c)(9), etc.)

Please provide a short description of your organization, its mission, and purpose.

Name of the Program or Project for which you are requesting funding (1-5 words)

In 300 words or less summarize the program or project for which you are requesting funding.

What is the plan for implementation of this program or project and what are the key outcomes you expect to achieve? How will you measure these outcomes?

How will facilitating this program or project further the mission of your organization? How will it impact other United Methodist organizations in your Conference?

| | | | |
|--|----|---|----|
| Demographic group(s) served by this program/project: | | | |
| Geographic area(s) served by this program/project: | | | |
| Anticipated program or project start date: | | Anticipated program or project end date: | |
| Organization's annual budget: | \$ | Total annual budget for this program/project: | \$ |
| Organization fiscal year: | | | |
| Funds committed by your organization toward this program/project: | \$ | Total funds committed by outside sources toward this program/project: | \$ |
| UM organizations which have committed funding toward this program/project (and amounts): | | | |
| Non-UM organizations which have committed funding toward this program/project (and amounts): | | | |
| Organizations (UM or non-UM) with which this program/project is collaborative: | | | |
| Grant amount being requested from the UMFWPA: | \$ | | |

What is the intended use of these funds? Be specific as to the materials, equipment, etc. for which the money will be used and include an explanation as to why it is needed for the success of your program or project.

| | | | |
|--|--|------------------------|--|
| Has your organization received a grant from the UMF in the past? | | If yes, in what years? | |
|--|--|------------------------|--|

Certification
I certify, to the best of my knowledge, that all of the information provided in this proposal is accurate and that the tax exempt status of the organization requesting funding is in effect. If a grant is awarded to this organization, 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 the United Methodist Foundation of Western Pennsylvania will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes, and executive orders.

 Signature & Title of Authorized Representative

 Date

Suggested attachments: Ministry/Project budget, Organization’s annual budget, IRS Letter of Determination

Please return this application and any optional attachments to our office:

By Mail:
 The United Methodist Foundation
 of Pennsylvania
 223 Fourth Ave., Suite 707
 Pittsburgh, PA 15222

By E-Mail:
grants@umfoundation.org