

Date of Application _____ **Project Begins** _____

Has this project received district funding prior to this request? YES ___ or NO ___

If YES, please list the year(s) the funding was received: _____

Name of Mission or Ministry Project: _____

Project Phone _____ **Address** _____

City _____ **State** _____ **Zip** _____

AMOUNT REQUESTED for this Project: \$ _____

Name of Person submitting this application: _____

Phone _____ **Email** _____

ON A SEPARATE PAGE, PLEASE THOROUGHLY DESCRIBE YOUR PROJECT:

Does this ministry address the needs and hopes of people in the community? Describe the process you used to determine this.

How are you or your congregation personally willing to invest your very best gifts and abilities to develop this ministry?

List the ministry resources that are currently available and being used:

List other potential assets within the church and among congregation members:

List Potential Partners within your community:

Individuals: _____

Businesses: _____

Associations: _____

Public Institutions: _____

Other: _____

ON A SEPARATE PAGE, PLEASE ATTACH RESPONSES TO THE FOLLOWING QUESTIONS:

- How does your project fulfill the Mission of The United Methodist Church, “make disciples of Jesus Christ for the transformation of the world?” Please give specific examples.

- How does your project engage in ministry with vulnerable and marginalized individuals and communities? Please give specific examples of how your project:
 - Respects the inherent dignity and intrinsic worth of all people engaged in the project?
 - Transcends boundaries of race class, social status, etc.?
 - Engages in both works of mercy and justice?

PLEASE ATTACH THE FOLLOWING FINANCIAL INFORMATION:

- Proposed budget for project
- Include amount received (or anticipated) from other United Methodist sources
- Amount received (or anticipated) from non-United Methodist sources
- If you envision this project to be ongoing, how do you plan to generate the support necessary to continue?

PLEASE ATTACH THE FOLLOWING INFORMATION, IF APPLICABLE OR AVAILABLE:

- How long has your project been in operation or when do you anticipate it to begin?
- Please attach a roster of the Leadership Team for the project

Please attach an Annual Report, brochures or any other publications describing the work of your project. Priority will be given to collaborative projects and projects where the local church Midwest District Ministry Shares are paid to date.

Signature of Applicant: _____

Signature of Pastor: _____

Please snail/mail OR scan/email your information packet to:

Midwest District Office
Attention: Liz Bode
207 Fulton Street E. Suite 6
Grand Rapids, MI 49503

OR
lbode@michiganumc.org