

GENERAL INFORMATION

Name/title of applicant *(please print)*: _____

Relationship to requesting church/agency: _____

Email: _____ Phone: _____

Church/agency: _____ EIN: _____

Address: _____

City: _____ State: _____ Zip: _____ Website: _____

Program requesting funding: _____ Amount requested: _____

GRANT REQUIREMENTS

1. Any program considered for grant funding must meet the following criteria:
 - A. Be well-planned and efficient in its use of funds.
 - B. Have identified adequate local and extended support to sustain the project beyond the grant period.
 - C. Include efforts to collaborate with other agencies and groups, such as local schools, maximizing requested funds.
 - D. Involve volunteer leadership and staffing where appropriate.
 - E. Provide matching funds or a portion of the program costs.
2. On a separate page, please provide the following details *(in a Microsoft Word document, Arial, 12 point)*:
 - A. **Program/project description:** Provide the name of the project/program and a concise description of its intent/purpose.
 - B. **Statement of need:** Describe the issue/problem the program attempts to address.
 - C. **Desired outcomes:** Describe the program's objectives in measurable terms and desired outcomes.
 - D. **Implementation and timeline:** Describe how and when the program will be implemented.
 - E. **Budget:** Provide all program expenses, including necessary training costs and funding from other sources. Also indicate whether your organization or any other entity is providing matching funds.
3. **After receiving a grant:** All grant recipients must submit a report detailing the effectiveness of the program to the foundation at either the program's completion or six months after the program begins. This will help the grant selection committee better evaluate the grant program's effectiveness.

SIGNATURE AND SUBMISSION

Email or mail your application form and required information to:

Florida United Methodist Foundation | PO Box 3549, Lakeland, FL 33802-3549 | foundation@fumf.org

Applicant signature: _____ Date: _____

Contact us for more information.