

Poverty & Hunger Grant

Holston Conference Outreach Advocacy

Grant Information and Guidelines

1. Grants are available to support new and existing ministries with economically disadvantaged individuals and families.
2. Program grants are not for construction or renovation of buildings; they are for program support only.
3. Holston Conference churches and related United Methodist agencies are eligible to apply for these funds. Preference will be given to first time applicants.
4. The *maximum* Program Grant is \$1000.
5. No Program Grant will be made where the grant funds constitute more than 2/3 of the total program cost.
6. Application deadline is November 1. Grant recipients will be notified in writing.
7. **All applications must be filed on the approved Program Grant Application Form with all required signatures. Attach additional sheets as needed.**
8. All Application Forms should be requested from and returned to the Office of Connectional Ministries, P.O. Box 850, Alcoa, TN 37701-0850 no later than November 1. **No Exceptions.**
9. If a grant is awarded, a summary report is required by November 1 of the following year. A form will be mailed to you.

Return application by November 1 to:

Office of Connectional Ministries
Holston Conference Center
P. O. Box 850
Alcoa, TN 37701-0850

FAX: 865-690-3162

Phone: 866-690-4080

E-Mail: ConnectionalMinistries@holston.org

PLEASE PRINT CLEARLY

District _____

Church _____

Address _____

City/State/Zip _____

Contact Name _____

Title _____

Phone _____

E-Mail _____

Amount Requested _____

Holston Conference Outreach Advocacy

Poverty & Hunger Grant Application

Contact Form and General Information

Date Submitted:

APPLICATION DEADLINE: November 1

Is this a **new** or **existing** ministry? (check one)

If this is a new ministry, what is the proposed beginning date? _____

Is this planned to be a **short-term** or **on-going** ministry? (check one)

Type of ministry to be funded by this grant:

Applicants should seek to do one or more of the following:

- Identify with the poor within their communities and implement a “personal” form of ministry.
- Develop ministries at the local level that empower those in poverty through education and other means.
- Emphasize inclusion of the impoverished in local church programming and fosters relationships.
- See the poor as participants in ministry as well as recipients of ministry.

Please answer the following questions on a separate sheet.

1. *Describe the ministry to be funded by this grant and how it will address one or more of the above needs.*
2. *Why is this grant necessary for addressing this need?*
3. *What other resources have been explored within and outside of the local church budget to meet this need?*
4. *How does this proposed ministry express the Gospel in responding to the needs of economically disadvantaged individuals and/or their families?*
5. *How will the people in your congregation participate in this ministry?*

Church Profile (Last calendar year)

Total Membership _____ Average Attendance in Worship _____

Financial Profile of the ministry for which funds are requested:

Attach a copy of the Projected Budget, *including all sources of income*.

Has your congregation received funding from any other Holston Conference Grant fund in the past 3 years? **YES or NO**

If so, identify the Grant Fund and the amount received

Safe Sanctuaries Policy: Please attach a copy of your current Safe Sanctuaries policy.

Failure to furnish a current policy (updated within the last year) will disqualify the application.

Our Safe Sanctuary policy was last reviewed/updated on _____. (Date)

ALL SIGNATURES SHOULD BE AFFIXED PRIOR TO MAILING. [FAXED COPY OF A SIGNATURE WILL BE ACCEPTED].

Signatures on this page indicate that

- the project is known to the individual;
- the application has been reviewed and the project evaluated; and
- the project has been deemed worthy of support from this grant

(Signature of Applicant) (Title) (Date)

(Signature of Pastor) (Church) (Date)

(Signature of District Superintendent) (District) (Date)

Office Use
Date Received _____