LEXINGTON UMC SOCIAL JUSTICE FUND

The mission of the Lexington UMC Social Justice Endowment Fund is to support programs that promote and enhance the dignity and welfare of people in unjust circumstances. It seeks to give voice to the silenced, offers support for those who can be invisible to society, and addresses underlying systemic inequities and causes of injustice.

GRANT INFORMATION

The Lexington United Methodist Church Social Justice (LUMCSJ) Endowment Fund was established in 2002 as part of the Lexington United Methodist Church's 50th Anniversary Celebration. It was intended to provide financial support for social justice projects regionally, nationally, and internationally. When the Lexington UMC closed in 2016, the fund and its ministry was transferred to the United Methodist Foundation of the Northeast (Foundation).

The Foundation's Grants Committee solicits specific proposals from organizations, churches, and others for social justice projects which can either be completed using the funds available (not to exceed $2,500), or which make a substantial contribution to an on-going project.

Grant proposals should reflect and comply with the intent of the LUMCSJ as well as the application requirements listed below.

APPLICATION INSTRUCTIONS

Applications must include all items listed below at the time of submission. *Incomplete applications will not be accepted*. If there are any questions about the application and grant process, please email Adama Brown, Director of Impact and Grants.

Completed applications may be submitted electronically or by mail and must be received no later than 11:59 pm on November 15th.

CHECKLIST OF APPLICATION CONTENTS

- ___ LUMCSJ Grant Application
- ___ Project Budget *(Detail all income & expenses by line item)*
- ___ Organization/Parent Organization Budget *(if applicable)*
- ___ All Other Committed, Pending or Requested Funds Summary
- ___ Verification of Nonprofit Status *(unless UMC of NEAC)*
- ___ Two Letters of Support: (1) from Board of Directors or program leadership and (1) from Individual who is not part of the organizing group.

Email Application to: Adama Brown / grants@umfne.org
Mail Application to: UMFNE / Attn: Adama Brown-Grants Ministry

42 Route 111 / Suite 200 / Derry NH 03038
phone: (800) 595-4347 / fx: (866) 231-5921 / email: grants@umfne.org

LEXINGTON UMC SOCIAL JUSTICE FUND - GRANT APPLICATION

Name of Applicant Organization		
Address		
City/State/Zip		
Contact Person	Title	
Phone Number	Email	
Alternate Contact Person	Phone	Email
Organizational Mission and Non-Profit Status (Please provide proof if not a UM church)		
Project Name/one sentence Purpose Statement		
Total Amount of Project Budget		Grant Amount Requested (Not to exceed $2,500)
Project Start Date		Expected Duration of Project
Organizations receiving Foundation Grants Ministry funds acknowledge that these funds are to be used solely in support of the purposes specified in the grant request submitted to the Foundation and as reviewed and approved by the Foundation's Grants Committee. Organizations receiving funds agree to adhere to the Foundation's reporting requirements, including submission of an expenditure report on the use of the grant funds as part of the Final Report. The above conditions of grant awards are hereby accepted and agreed to as of the date specified below:		
Title and Name of Organization/Board/Council Officer		
Signature		Date

LEXINGTON UMC SOCIAL JUSTICE FUND - GRANT APPLICATION (CONTINUED)

Population Served: (check all that apply)

___ Children
___ Youth
___ Adults
___ Older Adults
___ Women
___ Ethnic community:
(Please specify) _____
___ Other

Geographic Area: (check all that apply)

State: _ MA_____NH ___ ME_____VT_____CT_____RI

___ Urban_____Rural_____Suburban

Cooperative Parishes:

If applicable, is your organization or congregation part of a Cooperative Parish?
☐Yes
☐No
☐Not Applicable

If yes, please name the Cooperative Parish: Click or tap here to enter text.

Please provide clear and concise responses. This section must be limited to (5) five pages.

1. What is your organization's mission?

2. Describe the proposed project, including the specific need or problem it addresses, the population served, and the core activities to be implemented. What are the intended short-term and long-term outcomes?

3. Provide a detailed breakdown of how LUMCSJ funds will be used. For each major expense, explain how the investment directly supports project activities and contributes to achieving the intended outcomes.

4. How will you measure whether your project is making a difference? Please include both numbers (like how many people were served) and stories or testimonials that show the impact on people's lives.

5. What additional funding sources, partnerships, or resources will support the continuation of this project beyond the grant period? Describe your plan for sustaining the project's impact over time.

6. Please provide any additional information that you would like the Grants Committee to consider.

BUDGET

Applications will not be accepted without budget information. Please include:

1. Project Line Item Budget *(Details all income & expenses)*
2. Expense and income figures for the "parent" organization *(if applicable)*
3. Amount of support provided to the project by "parent" organization *(if applicable)*
4. All income sources committed, in-hand, anticipated, and requested for this project

TWO LETTERS OF SUPPORT

1. Board of Directors or program leadership
2. Individual who is not part of the organizing group

Application must be received by 11:59 pm, November 15th