



## GRANTS MINISTRY

# ENGAGING COMMUNITIES

### MULTI-YEAR GRANT APPLICATION

#### INTRODUCTION

The United Methodist Foundation of the Northeast (UMFNE) Grants Ministry seeks to empower faith communities and organizations in the New England Annual Conference of the United Methodist Church in their ministry for Christ and service with the communities around them.

Through these Engaging Communities (EC) multi-year grants, UMFNE seeks to support missional partnerships (new and established) and the sharing of resources between churches, community partners, and the Foundation to address the most important challenges within a church's ministry context. These missional challenges could include issues such as the opioid crisis, social justice, climate change, or other community concerns. In this way, the church is empowered to engage as a leading stakeholder in vital community mission.

Proposals should reflect, and comply with, all aspects of "[Engaging Communities multi-year grant Application Information](#)" document.

#### APPLICATION INSTRUCTIONS

**Completed** applications will 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 contact Adama Brown, Director of Impact and Grants.

**Completed applications may be submitted electronically in one PDF no later than 5pm on September 15th to [abrown@umfne.org](mailto:abrown@umfne.org).**

#### CHECKLIST OF APPLICATION CONTENTS

- \_\_\_ Application
- \_\_\_ Project Line-Item Budget (*Use Foundation Grant Budget Common Document*)
- \_\_\_ Organization/Parenting Organization Budget (if possible)
- \_\_\_ All Other Committed, Pending or Requested Funds Summary
- \_\_\_ Verification of Nonprofit Status (*unless UMC of NEAC*)
- \_\_\_ Two Letters of Support. **One letter from either your NEAC District Superintendent, Bishop, Bishop's Assistant, Director of Congregational Development, or Director of Congregational Ministries. The second letter should be written on behalf of the Church Council, Admin Board, or a similar leadership committee.** It cannot be written by the author of the grant.

## Engaging Communities Multi-year 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/Purpose                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                           |       |
| Total Amount of Project Budget                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yearly grant request amount and number of years requested |       |
| Project Start Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Expected Duration of Project                              |       |
| <p>Organizations receiving 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.</p> <p>Organizations receiving funds agree to adhere to the Foundation's reporting requirements, including yearly progress reports, actual budget of expenses, and other information as requested by UMFNE.</p> <p>The above conditions of grant awards are hereby accepted and agreed to as of the date specified below:</p> |                                                           |       |
| Title and Name of Organization/Board/Council Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                           |       |
| Signature of Contact person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date                                                      |       |

## Engaging Communities Multi-Year 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 Parish

☐ Yes ☐ No

If yes, please specify the cooperative parish: \_\_\_\_\_

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

### Organizational Mission and Values

1. Describe your organization's mission, core values, and relationship to the community you serve. How do your ministry, leadership, and decision-making practices reflect equity, inclusion, dignity, and the flourishing of all people?

### Community Need and Opportunities

2. What community need, challenge, or opportunity does this project seek to address? Describe how this need was identified and how community members, particularly those most affected, informed the project's development'

### ***Project Description and Vision for Change***

3. Describe the project in detail. What activities will be implemented, who will participate, and how will these activities contribute to meaningful changes for individuals, congregations, and/or communities? What are your long-term vision for the impact of this work?

### ***Alignment with Foundation Goals***

4. Explain how your project advances the Foundation's vision for engaged community ministry, collaboration, justice, and transformational impact. In what ways does this project strengthen relationships, address systemic challenges, or promote community well-being?

### ***Use of Funds and Strategic Investment***

5. Describe how grant funds will be invested to advance project goals. Explain how each budget category contributes to the project's intended outcomes and why these expenditures are necessary for success.

### ***Outcomes and Evaluation***

6. What specific outcomes do you anticipate achieving during the grant period? Identify quantitative measures, qualitative measures, and methods used to assess progress and impact. How will you know that meaningful change has occurred?

### ***Community Partnerships and Shared Leadership***

7. Describe the individuals, organizations, congregations or community groups collaborating in this effort. What role does each partner play? How are leadership, resources, decision-making, and accountability shared among partners?

### ***Sustainability and Legacy***

8. How will the work continue beyond the grant period? Describe your plans for sustaining relationships, developing leaders to continue the work, financial resources, volunteer engagement, and community impact over time.

### ***Program Participant Engagement***

9. How does this project affirm the dignity, wisdom, and leadership of those most directly affected by the challenges your project seeks to address?

**Application must be received by 11:59 pm, September 15th.**

