

Application for designation or renewal as a 2023-24 ADVANCE SPECIAL

by The East Ohio Conference of The United Methodist Church

NOTE: THIS APPLICATION IS NOT A FUNDING REQUEST. IF YOU ARE AN EXISTING HEALTH AND WELL-BEING AGENCY, DO NOT USE THIS FORM.

CONTACT MTHOMAS@EOCUMC.COM FOR A HEALTH AND WELL-BEING RENEWAL APPLICATION.

Advance Special designation allows recipients to identify and promote their specified missional project to local/district churches. This will encourage and attract wider recognition and support, both financially and in recruitment of volunteers. Designation creates a fund number for donor directed giving through the Conference Treasurer.

This is a RENEWAL request for Fund Number _____

If renewing, please review the description of your mission online and edit if needed.

<https://www.eocumc.com/finance/advance-special.html>.

This is a NEW request.

If approved by the Mission Awareness Committee an Advance fund number will be assigned.

Contact Information for EOCUMC use (type or print clearly)

Organization Applying (checks payable to)			
Person applying and title/role		Email	
Mailing Address for checks			
City, State, Zip Code		Phone	
Project Location (primary city & all counties served)			
Director/CEO		Email	
Is the Dir./CEO?	<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Treasurer		Email	
Non-Profit Status	<input type="checkbox"/> Form 990 Tax Exempt <input type="checkbox"/> UMC Local Church	<input type="checkbox"/> Conference or District Administered <input type="checkbox"/> other (please explain below)	
Web/Social Media URL			

PLEASE READ: If you are renewing an existing Advance, questions 1-15 are optional unless your mission has changed drastically in the past year. If you are applying as a new Advance, please answer all questions. Supporting documents listed at the end are still required from ALL applicants.

MISSION/MINISTRY DETAILS

1. Please describe the population this project serves (for example-economic, generational, ethnic, cultural, or other groups). Please include:

- specific ways this mission project develops partnerships with the people you serve
- the mission impact in the community
- how is the mission transformational, not just transactional?

2. On average, how many individuals receive services from this mission project? (use one)

Weekly

Monthly

Annually

3. If other ministries or community initiatives in your area serve an overlapping population, how does this mission project differ and how do you partner with them?

4. The mission of The United Methodist Church is to make disciples of Jesus Christ for the transformation of the world. Local churches and extension ministries of the Church provide the most significant arenas through which disciple-making occurs.

Which of the following 4 Focus Areas represents this ministry? Check all that apply and briefly describe below:

- Overcoming Poverty Together** by engaging in ministry with the poor
- Seeking Health and Wholeness for All** by improving global health, engaging in advocacy, and justice/addressing systemic issues
- Leading Where God Calls**
- Making New Disciples in New Places**, creating new and renewed congregations

5. What year was this mission project started? _____
Has the focus changed in recent years? If so, how?

6. Is this organization incorporated with a Board of Directors? Yes No

If yes, list/attach names of Board members. If no, list/attach governing committee members. Group by/indicate denomination, community, or other organizations they relate to.

7. How do you and your Board of Directors access, evaluate, and discover new opportunities for ministry? How are the clients that you serve a part of the decision-making process?

8. How have you shared your project's mission story with District, Conference, and other levels of The United Methodist Church? Have you submitted an article this past year to District or Conference news? If yes, please attach a copy of the article with date indicated.

9. Please list the names of United Methodist congregations which you have visited or spoken in to inform local congregations about your mission.

10. The purpose of the Advance is to promote relationships as well as giving. Which churches, religious groups or community agencies support your mission through direct donations or volunteering?

11. If you receive monies from this Advance in the coming year, how will they be used? Please be specific, a compelling purpose promotes involvement and giving.

13. What are the ways people can partner and volunteer with your mission? Please be specific.

14. What has been challenging or changed related to your funding sources, volunteers and/or partnerships that might affect your ability to operate this ministry in the coming year?

15. How can the East Ohio Conference help resource and equip your mission? i.e. board training, grant writing, recruiting etc.

THE FOLLOWING MUST BE ATTACHED FOR YOUR APPLICATION TO BE CONSIDERED:

- A letter/email of support from the District Superintendent or the Connectional Ministries director who relates directly to this Advance.
- A financial summary indicating all major sources and amount of revenue (including savings or reserve used) and the expenditures during the most recent fiscal year. This is not just funds received through the Advance. Please limit this summary to 1-2 pages.
- A one-page statement of audit indicating when and by whom an audit has been completed. **SUMMARY ONLY**, please do not submit the full, detailed audit report.
- A budget for the current year.
- A budget for the coming year, if available.
- A recent newsletter or letter to donors from your agency.

Please Note: The director or person applying may be asked by the Mission Awareness Committee to share a testimony about this ministry with the Conference.

Signature
(should match name applying on first page)

Title

Date

This 4-page application may be scanned and emailed to mthomas@eocumc.com **by Jan 15**. Please scan supporting documents separately and include as attachments with the application. If you do not email the application, please mail the completed application and supporting documents with signatures to the address below. These must be received **by Jan 15**.

East Ohio Conference
Attn: Connectional Ministries
PO Box 2800
North Canton, OH 44720

Additional writing space, if needed. Please indicate which questions you are responding to: