Application for designation or renewal as a

2024-25 ADVANCE SPECIAL

by The East Ohio Conference of The United Methodist Church



Advance Special designation allows recipients to identify and promote their specified missional project to UMC churches in the conference. The goal is to 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. Please note that this is not an application for funding from the conference. If you are an existing Health & Well-Being (H&W) agency, please do not use this form. Contact connectionalministries@eocumc.com for a H&W application.

Current Advances are listed here https://www.eocumc.com/finance/advance-special.html

□ This is a RENEWAL request for Fund Number			
☐ This is a NEW request. If approved, an Advance full	nd number will be created.		
Contact Information, for EOCUMC use only (type o	r print clearly)		
Organization Applying (checks payable to)			
Describe the mission or ministry in three or four sentend in print materials:	ces. This is what will be sha	ared online and	
Street			
City	State	Zip	
Email	Phone		
Person applying	Title/Role		
Project Location (primary city and/or other areas served	d)		
Director/CEO Name	Email		
Dir/CEO is (check all that apply) □ Paid □ Volunteer	☐ Full-Time ☐ Part-Ti	me	
Treasurer Name	Email		
Non-Profit Status: ☐ Form 990 Tax Exempt ☐ UMC Local Church ☐ other (please explain bel			
Web/Social Media URL			

Instructions: Please answer ALL questions and include the supporting documents listed on page 4. Incomplete applications will not be reviewed. **Applications are due by January 15.** Questions can be directed to Connectional Ministries <u>connectionalministries@eocumc.com</u> or (330) 499-3972 ext. 102

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 rece	ive services fro	m this mission pr	oject? (use one)
We	eekly	Monthly	An	nually	
	If other ministries or co w does this mission pro				pping population,
tra mo Wh	The mission of The Uninsformation of the works significant arenas the ich of the following 4 is scribe below:	ld. Local churche rough which dis	es and extensio ciple-making oc	n ministries of th	e Church provide the
	 □ Overcoming Poverty □ Seeking Health and justice/addressing system □ Leading Where God □ Making New Disciple 	Wholeness for A nic issues Calls	II by improving g	lobal health, engag	
	What year was this mi s the focus changed in				
6.	Is this organization in	corporated with a	a Board of Direc	tors? □Yes	□No
	yes, list/attach names oup by/indicate denom				

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. Tell us about your child protection policy?
9. How is your agency involved in the work of racial equity?
10. 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.
11. List the names of United Methodist congregations which you have visited or spoken in to inform local congregations about your mission.
12. 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?
13. 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.

esource and equip your miss	sion? i.e. board
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t Superintendent or the Connce. sources and amount of revetures during the most recentance. Please limit this summanden and by whom an audi	nectional Ministries nue, including t fiscal year. This is ary to 1-2 pages. it has been
2.	l audit report.
may be asked by the Mission	n Awareness
	YOUR APPLICATION TO Interpret Superintendent or the Connect Sources and amount of revertures during the most recent ance. Please limit this summary when and by whom an audinot submit your full, detailed the conference. The provided HTML is a summary to the conference of the provided HTML is a summary to the conference.

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

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