

Extended Deadline October 15, 2025 APPLICATION GUIDELINES

Funding cycles and deadlines:

• Applications are accepted at any time; however, applications are only reviewed and funded twice a year.

Note: Holston Conference applicants, please check with the Holston Conference office for additional requirements submission requirements.

• The maximum funding amount an applicant can receive per funding cycle is: \$1,000. for innovative projects that address causes and barriers related to hunger and poverty.

\$500 for food pantry direct food purchases.

Projects may be funded for a maximum of three years; however, there is no commitment beyond the current award and projects can only receive a grant award once during a twelve (12) month period.

Depending on funding availability, applications may receive an award that is less than the requested amount.

• Eligibility and use requirements:

Priority will be given to projects that address causes and barriers related to hunger and poverty. Projects must be church-related – local, district, conference, or ecumenical (must have active United Methodist involvement.) General Advance Special ministries are eligible for grant funding for new and emerging projects only.

Projects seeking repeat funding must have previous grant reports on file at the time a request is made.

Grants <u>must</u> be used for projects within the geographic region of Appalachia that serve a majority of Appalachian people. Please contact UMAMN if you have questions about the Appalachian region. Grants <u>cannot</u> be used for agency/ministry operating expenses but may be used for non-agency/ministry resource persons.

Application requirements:

- Every question must be complete, all applicable attachments must be submitted, and all signatures must be received for the application to be considered complete.
- Applications must include financial information and budgets that are complete, upto-date, and supported by documentation (estimates, quotes, etc.), if necessary.
- Please contact UMAMN with questions you have while working on your application.

Angela Kirtdoll Executive Coordinator



Please attach a narrative that includes the following information:

- 1. How will the funds be used? Please be specific.
- 2. Project Goals and Timeline:
- 3. Project Objective: (Must be measurable.)
- 4. Method to be used to measure results:
- 5. What are the expected results of your project: (Short and long-term)
- 6. Provide a plan of future sustainability, please identify partnerships.
- 7. Project Statistics: (Please be specific and use actual numbers.)

Application Attachments:

For your application to be complete, please attach the following documents:

- 1. End-of-year financial report, if available, for the project proposal (NOT the total ministry budget)
- 2. Submit an income/expense statement that identifies income sources.
- 3. A current brochure/promotional flyer or other publicity. (If available.)
- 4. Completed Signature Page- ALL four signatures required (See the following page.)
- 5. Application with project narrative

The APPLICANT is requested to notify the UMAMN office by email or phone after the application is completed and forwarded for signatures. In the past, applications have been lost in the mail or delayed at the Conference office. Completed applications must be received by the deadline to be considered during the current cycle.

Application Submittal:

For additional information or questions, please contact
Angela Bates, Executive Coordinator
Submit Application and Attachments to:
kirtdoll.umamn@gmail.com

Please contact us if you don't receive a confirmation of receipt email. 740-424-6967.

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APPLICATION (PAGE 1)

Applicant Information:
Agency/Ministry Name:
Project/Program Name:
Director/Pastor:
Address:
Telephone: Fax: E-mail:
Agency/Ministry Staffing: # of Paid: # of Volunteers:
United Methodist Connection:
(MUST provide name and address of all three below)
United Methodist Church (local):
United Methodist District:
United Methodist Conference:
Ecumenical (Non United Methodist) Organization: Yes or No If YES what is the
United Methodist involvement with this project? Project must have active UMC
participation for consideration.
Budget Information:
Total Agency Budget: \$
Total Project Budget: \$
Request: \$ (\$1,000 Maximum)
To be used in the Fiscal Year:

Additional Applicant Information:

Angela Kirtdoll Executive Coordinator



APPLICATION (PAGE 2)

If this grant will benefit NEW participants that are being or will be recruited and you do not have demographic information to report at this time, please check this box.
You will be expected to submit project statistics with your final report.

The project will serve: Male and Female

 Participant ages range from to Racial /Ethnic Groups Served: Black, White, Hispani Percentage of project recipients that are (consider themsel) Please answer the following questions Yes or No: ✓ Agency/Ministry program is a 501c3 tax exempt: Yes Other exemptions: ✓ Agency/Ministry program is governed by a Board of Directors includes persons with income determing federally designated poverty levels: Yes No ✓ Receives United Methodist Annual Conference funding: If yes, list amount: \$ ✓ Receives United Methodist District funding: Yes No ✓ Receives United Methodist District funding: Yes If yes, list amount: \$ ✓ Receives UM General Boards/Agencies funding: Yes If yes, list amount: \$ 	□No ectors: □Yes □No ined to be at or below □Yes □No
 ✓ Agency/Ministry program is a 501c3 tax exempt: □Yes Other exemptions: ✓ Agency/Ministry program is governed by a Board of Directors includes persons with income determine federally designated poverty levels: □Yes □No ✓ Receives United Methodist Annual Conference funding: If yes, list amount: \$ ✓ Receives United Methodist District funding: □Yes □No ✓ Receives United Methodist District funding: □Yes □No ✓ Receives UM General Boards/Agencies funding: □Yes If yes, list amount: \$ 	ectors: Yes No ined to be at or below Yes No
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If yes, list amount: \$	∐No
Agency/Ministry program has adopted "Safe Sanctuaries Polici	
safeguard vulnerable persons: Yes No (www.gbod.org/ministries/family/safe/need_help.htm)	es" or similar policies to
Are there projects/organizations in your area with similar progr If yes, list:	rams: \[Yes \[No \]
The agency belongs to an area food bank or Feeding America:	□Yes □No
Is there community support for this project? Yes No If yes, explain;	

Angela Kirtdoll Executive Coordinator



United Methodist Appalachian Ministry Network Hunger and Poverty Grant Application FORM UPDATED FOR Fall 2025

SIGNATURE PAGE

ALL SIGNATURES SHOULD BE AFFIXED BEFORE EMAILING OR MAILING TO UMAMN. SCANNED COPIES WILL BE ACCEPTED

Signatures on this page indicate that

- this project is known to the individual signing below;
- · the application has been reviewed and the work evaluated; and
- The project has been deemed worthy of support from UM Advance Special funds.

UMAMN Grant Funds are made possible by GBGM General Advance #982039.

(Signature of Applicant)	(Title)	(Date)
(Signature of District Superintendent)	(District)	(Date)
(Signature of Director Connectional Ministries)	(Conference)	(Date)
(Signature of Bishop)	(Episcopal Area)	(Date)

ANY ADDITIONAL INFORMATION/DOCUMENTATION REQUESTED OF APPLICANT MUST BE PROVIDED WITHIN A REASONABLE PERIOD OF TIME. FUNDS CANNOT BE DISTRIBUTED IF MISSING ITEMS HAVE NOT BEEN PROVIDED.