

MINISTRY GRANT APPLICATION

"Gifts From The Heart" Endowment Fund

PLEASE PRINT or TYPE

Name of Organ	nization/Church					
Name of Minis	stry in Need					
Name of Perso	n Applying	Phone				
Mailing Addre	SS					
City	State	Zip	Email			
District in the State of Nebraska EIN# (required)						
Please attach n	naterials that include:					
b. Missio c. Timel next th What is the am Grants are rea	on and/or Vision Staten ine and ministry/progra nree years nount you are requesting newable up to three y o	nent um budget (inc g from the Fou ears within a	luding all sources indation? \$ five-year period	s of funding) cov contingent upo	vering the	
-	funding sources and t			-	1	
Please check: 1^{st} year application 2^{nd} year application 3^{rd} year applicationHow does your ministry relate to the Great Plains Area United Methodist Conference?						
Have funds for	this purpose been requ	nested at the C	onference level?	□Yes	🛛 No	
If <u>yes</u> , were	the District and/or Con	nference funds	awarded?	□Yes	🗖 No	
If <u>no</u> , what	was the reason as to wh	ny these funds	were not awarded	d for your minist	try?	

If <u>yes</u> , is a Foundation grant necessary for the program to proceed/continue? \Box Yes	🗖 No
If <u>yes</u> , please explain	

Have you received a grant previously from the Foundation?

If <u>yes</u>, please indicate when and details of the use of those funds with this application (*Attach additional pages, if necessary*).

If you are applying for a second- or third-year grant, please provide a brief summary of how the grant was used (Pictures and stories of your ministry are greatly appreciated - attach additional pages, if necessary):

Application Deadline: September 30th

Mail form to:

Attn: Kristine Roberts, Director of Stewardship Nebraska United Methodist Foundation 100 W. Fletcher Ave., Ste. 100 Lincoln, NE 68521 402-323-8842/308-672-1022 <u>kroberts@numf.org</u>