



NEBRASKA UNITED METHODIST FOUNDATION

MINISTRY GRANT APPLICATION

"Gifts From The Heart" Endowment Fund

PLEASE PRINT or TYPE

Name of Organization/Church _____

Name of Ministry in Need _____

Name of Person Applying _____ Phone _____

Mailing Address _____

City _____ State _____ Zip _____ Email _____

District in the State of Nebraska _____ EIN# (required) _____

Please attach materials that include:

- a. Narrative with details about the ministry including purpose, plan, and significance of program
b. Mission and/or Vision Statement
c. Timeline and ministry/program budget (including all sources of funding) covering the next three years

What is the amount you are requesting from the Foundation? \$ _____

Grants are renewable up to three years within a five-year period contingent upon the availability of funding sources and the quality and scope of the project.

Please check: [] 1st year application [] 2nd year application [] 3rd year application

How does your ministry relate to the Great Plains Area United Methodist Conference? _____

Have funds for this purpose been requested at the Conference level? [] Yes [] No

If yes, were the District and/or Conference funds awarded? [] Yes [] No

If no, what was the reason as to why these funds were not awarded for your ministry? _____
