

Submission Deadlines: Feb. 1, May 1, Sept. 1, Nov. 1

Date of Application	Project Begins
Has this project received previous	district funding before this request? YES or NO
If YES, please list the year(s) the fu	ınding was received:
Name of Mission Project:	
Project Phone A	Address
City	State Zip
AMOUNT REQUESTED for this	s Project: \$
PROPOSED BUDGET for this	<u>Project</u> : \$
Name of Person submitting this ap	plication:
Phone	_ Email
Is your church up-to-date paying D If no, please explain:	District and Conference Ministry Shares? YES or NO
PLEASE THOROUGHLY DESCRIBE	E YOUR PROJECT (use a separate page if necessary):
Does this mission project address the process you used to determine	the needs and hopes of people in the community? Describe this.
How are you or your congregation to develop this project?	personally willing to invest your very best gifts and abilities

List the resources that are currently available and being used:
List other potential assets within the church and among congregation members:
List Potential Partners within your community:
Individuals:
Businesses:
Associations:
Public Institutions:
Other:
ON A CERARATE RACE BY EACE ATTACH RECRONGED TO THE FOLLOWING QUECTIONS:
<ul> <li>ON A SEPARATE PAGE, PLEASE ATTACH RESPONSES TO THE FOLLOWING QUESTIONS:</li> <li>How does your project fulfill the Mission of The United Methodist Church, "make disciples of Jesus Christ for the transformation of the world?" Please give specific examples.</li> <li>How does your project engage in ministry with vulnerable and marginalized individuals and communities? Please give specific examples of how your project: <ul> <li>Respects the inherent dignity and intrinsic worth of all people engaged in the project?</li> <li>Transcends boundaries of race class, social status, etc.?</li> <li>Engages in both works of mercy and justice?</li> </ul> </li> </ul>
PLEASE ATTACH THE FOLLOWING FINANCIAL INFORMATION:
Proposed budget for project with details including:
<ul> <li>Amount received (or anticipated) from other United Methodist sources</li> </ul>
<ul> <li>Amount received (or anticipated) from non-United Methodist sources</li> </ul>
<ul> <li>If you envision this project to be ongoing, how do you plan to generate the support necessary to continue?</li> </ul>
PLEASE ATTACH THE FOLLOWING INFORMATION, IF APPLICABLE OR AVAILABLE:
- How long has your project been in operation or when do you anticipate it to begin?
- Please attach a roster of the Leadership Team for the project
Please attach an Annual Report, brochures or any other publications describing the work of your project. Priority will be given to collaborative projects and projects where the local church Western Waters District Ministry Shares are paid in full to date.
Signature of Applicant:

Signature of Pastor: \_\_\_\_\_

## Please snail/mail OR scan/email your information packet to:

Western Waters District Office Attention: Liz Bode 207 Fulton Street E. Suite 6 Grand Rapids, MI 49503 <u>OR</u>

lbode@michiganumc.org