**UNIFIED FUNDING APPLICATION**

*We are called to make disciples of Jesus Christ for the transformation of the world.*

**New Faith Ministries Application**

***Spring deadline – April 1***

***Fall deadline – October 1***

**New Faith Ministries grants may be provided for existing churches and charges that are initiating new ministries, such as ministries that engage with the poor, address issues of health, developing principled Christian leaders, and social justice ministries. These grants can be 1-3 years depending on the ministry with opportunity for renewal. Through New Faith Ministries, some one-time grants may be awarded for the purchase of minor equipment and small renovations.**

* Applications are to be submitted to your district superintendent for approval,

with original signatures for submission to the Unified Funding Task Force.

* + Note: Signed applications are to be submitted to your District Superintendent
	10 days prior to the application deadline for review.
	+ District Superintendents are responsible for submitting the application to the Project Manager,
	Jo Chesson, for catalog and submittal to the Chairperson of the Unified Funding Task Force by the deadline date.
* Applications received late or not signed will not be considered.
* Do not submit your application to a member of to the Unified Funding Task Force. Your District Superintendent will submit your application to the Project Manager for catalog and submittal to the Chairperson of the Unified Funding Task Force by the deadline date.
* This is a fillable form. Be sure to save a copy for your file.
* Spring application funding will start in July and fall application funding will start in January.
* To qualify for funding, the applicant must be a United Methodist local church, a district, or region, conference committee or other affiliated organization of the Baltimore-Washington Conference.

***NOTE: Applications received after the due date will automatically be defer to the next funding cycle, with no exceptions. Each application must be complete with ALL signatures before submittal to the Unified Funding Task Force Chairperson via the Project Manager, Jo Chesson.***

Application ID # \_\_\_\_\_\_\_\_\_\_\_

(to be filled in by the Task Force Committee)

**New Faith Ministries Application**

***Spring deadline – April 1***

***Fall deadline – October 1***

Date of Application: Click here to enter text.

Church/Organization Name: Click here to enter text.

Charge: Click here to enter text.

Church ID number: Click here to enter text.

District: Click here to enter text.

Church/Organization Mailing Address: Click here to enter text.

Name of Contact Person (most knowledgeable about this application): Click here to enter text.

Email Address of contact person: Click here to enter text.

Telephone Number(s) of contact person: Home: Click here to enter text. Cell: Click here to enter text. Office: Click here to enter text. Other: Click here to enter text.

**New Faith Ministries Funding Request (check one):**

[ ]  **New Request**

[ ]  **Renewal Request**

Date of previous request(s): Click here to enter text.

 Date evaluation/report(s) submitted: Click here to enter text.

Project Title/Description: Click here to enter text.

Amount Requested: $ Click here to enter text.

Total Project Budget: $ Click here to enter text.

**1. Narrative Regarding This Request**

1. Please describe the purpose, need and how the funds will be used, particularly in identifying which of the United Methodist Ministry foci this project will address. (100-500 words)

Click here to enter text.

1. What vision and or mission statement will guide this project?

Click here to enter text.

1. List 3-5 objectives of the project to include action steps and the timeline for each?

Click here to enter text.

1. How has the congregation been made aware of the project?

Click here to enter text.

1. Identify 3-5 key leaders that can be contacted regarding this project:
	1. Name: Click here to enter text. Email: Click here to enter text.
	2. Name: Click here to enter text. Email: Click here to enter text.
	3. Name: Click here to enter text. Email: Click here to enter text.
	4. Name: Click here to enter text. Email: Click here to enter text.
	5. Name: Click here to enter text. Email: Click here to enter text.
2. Will any other congregation(s) be involved with this project? [ ]  Yes [ ]  No
3. What is your evaluation plan?

Click here to enter text.

**2. Congregational Vitality, Growth and Engagement**

*Complete this table*

|  |  |  |
| --- | --- | --- |
|  | Projected | Reported to the Conference |
| Current Year | Last Year | Two Years Ago |  |
| Number of Church Members | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Average Worship Attendance | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Average Sunday School Attendance | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Number of Professions and Reaffirmations of Faith | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Percentage of Worshipers Engaged in Ministry | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Percentage of Apportionment Paid | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |

**3. Status of Congregational Finances**

*Complete this table*

|  |  |  |
| --- | --- | --- |
|  | Projected | Reported to the Conference |
| Current year | Last year | Two Years Ago |  |
| Total Income (Stat Report 67) | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Number, Contributing Units | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Operating Expenses (Stat Report Line 62) | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Apportionments | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Benevolences | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Total Expenses (Stat Report Lines 53-65) + pension and medical expenses for the pastor – refer to statements from BWC. | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Surplus (Deficit) | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Conference support | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |

**Summary of Assets**

1. Value of all restricted assets (building funds, designated trusts, endowments) $ Click here to enter text.
2. Value of all unrestricted assets (investments, trusts, etc.) $ Click here to enter text.

Attach copies of bank statements

**Summary of Liabilities**

1. Outstanding loans $ Click here to enter text.
Attach copies of loan statements
2. Other indebtedness $ Click here to enter text.
	1. *purpose of debt:* Click here to enter text.
3. Line(s) of Credit $ Click here to enter text.

**4. Leveraging Other Sources / Status of Other Funding**

a. Please describe how other funders have supported this project and results:

Click here to enter text.

1. Are you currently investigating the use of funding from any of the following groups?

[ ]  Conference Advance Specials: Click here to enter text.

[ ]  Regional District Funding: Click here to enter text.

[ ]  Equitable Compensation: Click here to enter text.

[ ]  BWC Loans and Grants: Click here to enter text.

[ ]  General Boards or Agencies: Click here to enter text.

[ ]  Planned Giving: Click here to enter text.

[ ]  Foundations: Click here to enter text.

[ ]  Others: Click here to enter text.

1. Have you applied for matching funds? [ ]  Yes [ ]  No
2. What is/was the source of the matching funds? Click here to enter text.
	1. How much has been received or is expected? Click here to enter text.
	2. How will the matching funds be used? Click here to enter text.

**5. Attachments**

Please include a copy of the following documents with your application:

1. Current budget
2. Table 1 from each of the last three years’ Statistical Reports
3. Previous year’s audit (or unaudited financial statement)
4. End of year Treasurer’s report for three previous years and latest year to date report
5. Supporting documents that provide information relevant to implementing the project such as copies of the resumes of responsible staff
6. Responses from all other funding sources
7. Congregational goals and objectives

End of application

Be sure to attach the completed Signature Page

***Applications submitted without signatures will not be considered***

To qualify for funding, the applicant must be a United Methodist local church, a district, or region, conference committee or other affiliated organization of the Baltimore-Washington Conference.

1. **Authorization and Signatures** (Please print name, sign, date, and provide e-mail address)

All applications must include the appropriate identified signatures

|  |  |
| --- | --- |
| ***Church Council Chairperson*** | Print Name Click here to enter text.Signature Date Click here to enter text.Email Address Click here to enter text. |
| ***Church Treasurer*** | Print Name Click here to enter text.Signature Date Click here to enter text.Email Address Click here to enter text. |
| ***Church Conference Secretary*** | Print Name Click here to enter text.Signature Date Click here to enter text.Email Address Click here to enter text. |
| ***Trustees Chairperson*** | Print Name Click here to enter text.Signature Date Click here to enter text.Email Address Click here to enter text. |
| ***Pastor-In-Charge*** | Print Name Click here to enter text.Signature Date Click here to enter text.Email Address Click here to enter text. |
| ***District Superintendent*** | Print Name Click here to enter text.Signature Date Click here to enter text.Email Address Click here to enter text. |
| ***Office of Congregational Development*** | Print Name Click here to enter text.Signature Date Click here to enter text.Email Address Click here to enter text. |
| ***Chair of Unified Funding Task Force*** | Print Name Click here to enter text.Signature Date Click here to enter text.Email Address Click here to enter text. |

***Applications submitted without signatures will not be considered.***