**UNIFIED FUNDING APPLICATION**

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

**Building Grant / Building Loan Application**

***Spring deadline – April 1***

***Fall deadline – October 1***

***Emergency Building Loan Applications may be considered at any time.***

**Building Grants and Building Loans may be granted for churches and charges that need to do significant building renovations. Grants are generally given to churches to do renovations in order to develop a new ministry. Loans are generally given to churches for maintenance such as boiler replacement and roof repairs. Loans are only given if churches or charges can demonstrate the ability to repay the loan. Loan applications that are recommended by the Unified Funding Task Force are forwarded to the Conference Board of Trustees for final approval. Building grants and loans are generally one-time awards.**

* 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.
* 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)

Building Loan/Building Grant Application

**Building Loan / Building Grant Application**

***Spring deadline – April 1***

***Fall deadline – October 1***

Date of Application: Click here to enter text.

**BACKGROUND INFORMATION**

Name of Faith Community / Church Name: Click here to enter text.

Mailing Address: Click here to enter text.

District: Click here to enter text.

Church ID number: Click here to enter text.

Charge: Click here to enter text.

**Project Contact & Information**

Name of Contact Person / Project Coordinator (most knowledgeable about this application):

Click here to enter text.

Contact Person Email Address: Click here to enter text.

Contact Person Telephone Number(s): Home: Click here to enter text. Cell: Click here to enter text. Office: Click here to enter text. Other: Click here to enter text.

Name of Pastor in Charge:Click here to enter text.

Pastor in Charge Email Address: Click here to enter text.

Pastor in Charge Primary Telephone Number: Click here to enter text.

**Building Loan / Building Grant Funding Request (check one):**

**New Request**

**Renewal Request**

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

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

Project Title / Ministry Name: Click here to enter text.

Amount Being Requested: $ Click here to enter text.

**1. PROJECT / PROGRAM INFORMATION**

1. Project / Ministry Mission Statement / Description: Click here to enter text.
2. Date project / ministry began or is expected to begin: Click here to enter text.
3. Describe how this project / ministry supports the intended purpose of this grant.  
    Click here to enter text.
4. Indicate SMART goals for this project / ministry and the expected date by which you hope to achieve the goals. (Identify 3-5 goals and action steps including timeline)

SMART goals are: **S** = Specific  
**M** = Measurable  
**A** = Aligned and Agreed Upon  
**R** = Realistic and Relevant  
**T** = Time-bound

|  |  |
| --- | --- |
| **Smart Goals** | **Timeline** |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

1. Describe the characteristics and number of persons who will benefit from the project / ministry you have described.

Click here to enter text.

1. Scope of Work – Describe your project / ministry plan, including:
   1. Why this project / ministry is needed (current conditions)
   2. The project / ministry purpose and goals
   3. How funds will be used to accomplish the identified goals
   4. Identify key leaders and their roles in implementing the project / ministry plan

Click here to enter text.

1. Has the faith community or church previously received funding from this grant?

No

Yes

If yes; Date funds were awarded: Click here to enter text.

If yes; Amount of previous award: $ Click here to enter text.

1. Who will partner with you in this work? Click here to enter text.
2. How will you evaluate the program / ministry? Click here to enter text.
3. **BUDGET INFORMATION**

Include total expected expenditures and income for this project / ministry in the following budget areas. Additionally, you will need to attach a detailed itemized budget.

**Project Expenses**

Total for Program: $ Click here to enter text.

Total for Salary/Benefits (if grant will be used for salary support of project/ministry): $ Click here to enter text.

Total Operations: $ Click here to enter text.

Other: $ Click here to enter text.

Total Grant Funds being Requested: $ Click here to enter text.

**Project Income**

Total Fundraising: $ Click here to enter text.

Total from others grant sources: $ Click here to enter text.

Matching Funds $ Click here to enter text.

Other: $ Click here to enter text.

1. After grant funds have been exhausted, how will this project / ministry be funded and become self-sustained?

Click here to enter text.

1. If you don’t receive the requested amount, will you still move forward with the project / ministry?

Yes

No

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

a. If receiving other funding sources, 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. Will you or have you applied for matching funds?

No

Yes

If yes, who are you receiving matching funds from? 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.

1. **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. |  |

1. **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. |  |

1. **Additional information required for Building Loan / Building Grant Request**

This project involves…*please check all that applies and provide a brief explanation*

Sanctuary: Click here to enter text.

Parsonage: Click here to enter text.

Other Building: Click here to enter text.

New Construction: Click here to enter text.

Remodeling: Click here to enter text.

Repairs: Click here to enter text.

Refinancing: Click here to enter text.

Equipment Purchase: Click here to enter text.

1. Estimated project acquisition/construction start date: Click here to enter text.
2. Estimated project completion date: Click here to enter text.
3. **Geographic Location of Property**

For property presently (leased or rented) not owned by a United Methodist congregation or affiliated organization.

1. Name and mailing address of the United Methodist Church closest to this location:

Click here to enter text.

1. Distance from leased or rented property to the closest United Methodist Church. (minutes or miles):

Click here to enter text.

1. Identify the closest United Methodist Church by physical location, county, community, intersection, street name or number, road name or number if different from mailing address or other name know by:

Click here to enter text.

1. Would you describe this area as(check and describe what applies)

Rural Click here to enter text.

Suburb Click here to enter text.

Urban Click here to enter text.

1. **Ownership**
2. Who presently holds the title to the property?

Click here to enter text.

1. Is the title to the property clear?  Yes   No
2. Is the church incorporated?  Yes  No
3. What is the date of incorporation: Click here to enter text.
4. What is the legal or corporate name: Click here to enter text.
5. Does the property deed(s) have reversionary clauses?  Yes  No
6. **Financing Status and Terms Sought**
7. Estimated total building project cost: $ Click here to enter text.
8. Amount paid out to date: $ Click here to enter text.
9. Cash on hand and firm commitments to date: $ Click here to enter text.
10. Loan requested: $ Click here to enter text.
11. Source of revenue to ensure payment: Click here to enter text.
12. **Summary of Assets**
13. Value of all restricted assets (building funds, designated trusts, endowments) $ Click here to enter text.
14. Value of all unrestricted assets (investments, trusts, etc.) $ Click here to enter text.
15. Attach copies of bank statements to validate information.
16. **Summary of** **Indebtedness (if this does not apply enter Not Applicable)**
17. Unpaid pension and medical from previous calendar year: $ Click here to enter text.
18. Outstanding loans: $ Click here to enter text.   
    *Attach copies of loan statements*
19. Other indebtedness: $ Click here to enter text.

*purpose of debt:* Click here to enter text.

1. Line(s) of Credit: $ Click here to enter text.
2. Apportionment Status:% Click here to enter text. paid current year

% Click here to enter text. paid previous year

1. **Detailed Indebtedness**

*Please complete the following table*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Loan 1 | Loan 2 | Loan 3 |
| Name of Creditor | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Date of Loan | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Principal | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Remaining Principal | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Maturity Date | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Interest Rate | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Interest Overdue if any | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Security Held | Click here to enter text. | Click here to enter text. | Click here to enter text. |

1. **Corporate Relationships**
2. Are there any corporate entities legally related to the church? Yes No
3. Do any of these corporate entities encumber the church? Yes No
4. If the response to either question is yes, please provide a concise but detailed description of the relationship and obligations of both the church and the Corporation. Click here to enter text.

**Attachments to be included**

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

1. Current Faith Community / Church budget
2. Detailed project / ministry budget
3. Table 1 from each of the last three years’ Statistical Reports
4. Previous year’s audit (or unaudited financial statement)
5. End of year Treasurer’s report for three previous years and latest year to date report
6. Responses from all other funding sources
7. Project / Ministry goals and objectives
8. Project / Ministry plan, scope of work or other documentation that would be relevant in providing details regarding your project / ministry
9. Include contractor(s) scope of work / bids for work and / or the estimated cost structure. Need to have 2 or more bids or estimates of work.
10. Please attach supporting documents that provide information relevant to implementing the project, including a copy of a completed commercial bank loan application, all needed local and state building permits, and applications for permits that have not yet been granted.

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.

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

**CHURCH APPROVALS AND AUTHORIZATION SIGNATURES**

* ***Church/Administrative Council Chairperson***

Print Name Click here to enter text.

Signature

Date Click here to enter text.

Email Address Click here to enter text.

* ***Church/Charge Conference Recording Secretary***

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.

* ***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.

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

**DISTRICT SUPERINTENDENT APPROVAL AND AUTHORIZATION SIGNATURE**

* ***District Superintendent*** Print Name Click here to enter text.

Signature

Date

Email Address

**BWC IN-HOUSE SIGNATURES**

* ***Facilities / Property Management***  (to be signed in-house after review with District Superintendent)

Print Name

Signature

Date

Email Address

* ***Chair of Trustees*** (to be signed in-house after review)

Print Name

Signature

Date

Email Address