

## Funding Sources

There are scholarships and grants available through the Health and Welfare program. All application deadlines are on June 30 every year. Call 212-870-3871 for your application.

### Accessibility Grants

These grants are to encourage and aid local churches to make their facilities and activities accessible to people with disabilities, fulfilling the goal of each local church as defined in the Resolution of the 1980 General Conference, The Church and People with Mental, Physical and/or Psychologically Handicapping Conditions. Grants are available to United Methodist local churches and charges only. Only one grant will be made to a local church or charge

### Guidelines for the Selection of Accessibility Grants

- Evidence of satisfactory planning
- Clear identification of target group the local church is attempting to reach
- Access feature/program to be funded is part of a larger plan of access.
- Implementation of the project, including the identification of those who are overseeing the project; has been outlined in a logical and realistic manner.
- People with handicapping conditions have been involved in the planning process.
- Technical assistance to assure appropriate construction/planning has been identified.
- Evidence of financial need.
- Total anticipated costs and a plan of financing have been identified
- Nature of the congregation and its financial commitments and limitations are clearly stated.
- Evidence of congregational involvement.
- Church bodies and members of the congregation are supportive of the project
- Nature of the church's involvement and potential in the community have been identified.
- Applications will be received up to a postmarked date of June 30.

Selection of applications meeting the specified criteria will be made, in part, on a first come, first served basis. In any instance, this Office intends to include among the grantees local churches in all jurisdictions, in various sized congregations and communities, and with a variety of congregational make-up. Selection will also include projects reaching people with different handicapping conditions in a variety of ways so that, hopefully, at the end, the grantees will be inclusive of a wide range of conditions and responses.

There are also other sources of funding available. Below are listed links to several resources for funding. Also check with your local church, Annual Conference, and Jurisdiction offices for budget funding for your programs. Plan well ahead, as Annual Conferences and Jurisdictions are at least two years ahead in their planning.

### Grant seekers' guide to faith based funding:

[http://www.cdpublications.com/etc/outside.php?products\\_id=180&pc=GGLE](http://www.cdpublications.com/etc/outside.php?products_id=180&pc=GGLE)

<http://www.faithbasedcommunityinitiatives.org>

### Free Grant writing help:

<http://www.grantwriters.net>

### Government grants:

<http://www.whitehouse.gov/government/fbci/grants-catalog-index.html>

<http://www.hhs.gov/fbci/funding.html>

Information from: <http://umcsignsofsolidarity.org/>





## United Methodist Committee on Ministries with

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Deaf, Late-Deafened, Hard of Hearing,  
and Deaf-Blind People

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# The United Methodist Church General Board of Global Ministries

Patricia Magyar c/o Joan Young

**475 Riverside Drive Room 330, New York, NY 10115**

Phone: 212 870-3871 Fax: 212 870-3624

Email: [jyoung@gbgm-umc.org](mailto:jyoung@gbgm-umc.org)

## Grant Application for Project Funding

Applications must be submitted in writing and may be mailed, faxed or emailed to the address and emails listed above.

Requests are received throughout the year: use this form for Project Grants, Camps, Workshops and Retreats

Funding requests are considered as they come in and as funds are available. Grant Guidelines are found on page 2.

# Guidelines for Grants

## ELIGIBLE CAUSES FOR GRANTS

1. Seed money for launching ministries with Deaf, late-deafened, hard of hearing, and/or deaf-blind people.
2. Purchase of equipment or other resources to make activities accessible to Deaf, late-deafened, hard of hearing and deaf-blind people (e.g. assistive listening systems, real time captioning, large-print hymnals and Bibles, improved lighting for signing or aid to low-vision people, etc.).
3. Support for outreach missions in the United States and beyond that focus on ministry with Deaf, late-deafened, hard of hearing, and/or deaf-blind people (e.g. camps, community service, schools, training events for support people, etc.).
4. Scholarships for attending seminary or professional training events for people upgrading their skills or preparing for ministries with Deaf, late-deafened, hard of hearing, and/or deaf-blind people.

## CONDITIONS FOR RECEIVING GRANTS

1. Individual or agency applying for a grant is strongly encouraged to obtain a copy of *Signs of Solidarity, Second Edition*, (\$7 plus s/h costs) from Joan Young, Health and Welfare Ministries Unit, 475 Riverside Drive Room 330, New York, NY 10115, and read the parts pertinent to the request for a grant.
2. Requests for grants must come in writing, using forms secured from the United Methodist Committee on Ministries with Deaf, Late-deafened, Hard of Hearing, and Deaf-blind People (referred to in this document as “the Committee”) through Joan Young at the address cited on cover sheet. One form applies to general requests, another deals with scholarships. Committee members also have copies of the application forms to give to inquirers.
3. All requests for grants are reviewed with recommendation by the Grants Sub-committee, with final decision made by the Committee.
4. A grant is given for one year, but the request may be renewed up to three years. Under certain circumstances, and at the discretion of the Committee, extensions of the time limit can be ordered.
5. As a general rule, no annual grant shall exceed \$5,000. Exceptions are at the discretion of the Committee. The applicant must show other sources of income for the ministry, project, or scholarship request.
6. Grants shall not be for the salary of signing interpreters for a regular Deaf ministry or other church activities. Grants may be utilized for interpreters working in a special event or mission. In that instance, a clearly understood explanation of such usage must be provided in the application form.
7. No grant will be made for acquiring a public address system. Funds will be granted for Assistive Listening Systems (ALS) that specifically help hard of hearing people and those deafened persons who employ a cochlear implant. The ALS must be portable in that it can stand alone in a room without a public address system, in addition to being able to broadcast sound through a public address system in an auditorium or sanctuary. NOTE: The Committee owns an ALS that can be borrowed by any church or church agency for either a short event or as a tryout for eventual purchase of an ALS. For particulars, contact the Rev. Wineva Hankamer [at winevah@yahoo.com](mailto:winevah@yahoo.com).

I. LOCAL CHURCH/ORGANIZATION:

A. Name of Church/Organization \_\_\_\_\_

Name of Pastor/Director: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

B. Annual Conference: \_\_\_\_\_ District: \_\_\_\_\_

Name of District Superintendent: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

C. Information about local church/group requesting funds:

1. Membership \_\_\_\_\_ Average Attendance \_\_\_\_\_

2. Mission statement of local church, group, or organization:

II. Project

A. Name of Project: \_\_\_\_\_

1. Is the project currently in operation? yes no

2. If the project is seasonal or short term, list dates: \_\_\_\_\_

3. When was project started? \_\_\_\_\_

B. Leadership:

1. Project Leader: \_\_\_\_\_

2. Address: \_\_\_\_\_

\_\_\_\_\_

3. Phone/Fax: \_\_\_\_\_

4. email: \_\_\_\_\_

III. Project Approval

A. What action did your church/organization or governing board take to initiate or continue your project? (Describe, add additional pages if necessary.)

B. Why is your church or group undertaking this project?

IV. Project Description

- A. Does the project have salaried staff?\_\_\_\_\_ Volunteer staff?\_\_\_\_\_
- B. If this program serves vulnerable people (minors, elders, persons with disabilities) are all workers in the program trained through Safe Sanctuaries?\_\_\_\_\_
- C. Describe the people being served:

D. Geographical area served:

E. Describe accomplishments or improvements made by the project within the past 6-12 months:

F. What do you expect to accomplish within the next 6-12 months?

G. List specific ways you expect to reach these goals.

H. Write a brief paragraph summarizing your project for identification purposes:

V. Financial Information

A. What other funding does the project have? (e.g. fees, grants, sponsors):

B. What is the current total budget of the project? (attach copy of budget)

C. What in-kind or non-monetary support is provided?

D. What amount is requested from the Committee?

\$\_\_\_\_\_

E. For what exact purpose will the funds be used?

F. Has this project received funding from the Committee? \_\_\_\_\_ If yes,  
when? \_\_\_\_\_ what amount? \_\_\_\_\_

G. By what date are these funds needed? \_\_\_\_\_

H. If grant is wholly or partially approved, to what name and address should the check  
be sent? \_\_\_\_\_

\_\_\_\_\_

VI. Signatures (any or all that apply)

A. Project Director: \_\_\_\_\_

A. Sponsoring Church Pastor: \_\_\_\_\_

B. Planning Team Leader: \_\_\_\_\_

C. Date Signed: \_\_\_\_\_

VII. Reference Letters

Please provide reference letters for the project director from the sponsoring church pastor and District Superintendent or other person in authority over the project director.

Optional: Attach photos that might represent the activities of your ministry project.



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## **Application for Scholarship**

Applications must be submitted in writing and may be mailed, faxed or emailed to the address and emails listed above.

Internships and Scholarships for Academic Credit or CEU's

Funding requests are considered as they come in and as funds are available. Guidelines for requests found on page 2.

## Guidelines for Grants

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VIII. Personal Data:

D. Name of Applicant: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_ Phone/TTY: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Church Membership is held at: \_\_\_\_\_

**Name of Pastor:** \_\_\_\_\_

Annual Conference: \_\_\_\_\_ District: \_\_\_\_\_

Name of District Superintendent: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Are you a candidate for ordained ministry? Yes/No

If yes, in what stage of the process are you? \_\_\_\_\_

IX. Educational Plan

C. Name of School/Workshop/Seminar

4. Start Date \_\_\_\_\_

5. Expected Completion Date \_\_\_\_\_

D. If College or University What Degree Program?

\_\_\_\_\_

E. If College or University, Who Provides Supervision?

5. Academic Advisor: \_\_\_\_\_

6. Address: \_\_\_\_\_

\_\_\_\_\_

7. Phone/Fax: \_\_\_\_\_

8. email: \_\_\_\_\_

X. Personal Description (Please use additional paper in responding to these questions, using a paragraph for each.)

I. Share your motivations and interests for pursuing this academic training.

J. How do you see yourself being equipped for ministry with Deaf, Late-deafened, Hard of Hearing and Deaf Blind People?

K. What do you expect to accomplish within the period covered for this scholarship application? (use separate page)

L. Write a brief paragraph summarizing your long term goals for ministry Deaf, Late-deafened, Hard of Hearing, and Deaf Blind people (use separate page)

M. Provide two references other than your academic advisor that can attest to your academic achievement and potential for ministry with Deaf, late deafened, hard of hearing, and Deaf blind people.

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone/TTY: \_\_\_\_\_

Email: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone/TTY: \_\_\_\_\_

Email: \_\_\_\_\_

N. If your ministry includes work with minors, elders, persons with disabilities with make them vulnerable, do you have Safe Sanctuary training?  
If yes, when and where did you train?

Name of trainer: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of training: \_\_\_\_\_ Location: \_\_\_\_\_

XI. Financial Information

I. What other funding does the applicant have? (e.g. grants, sponsors, personal and parental contributions):

J. What is the total expense for your education, seminar, training? (attach copy of budget, including room and board, tuition, etc)

K. What in-kind or non-monetary support is provided?

L. What amount is requested from the Committee?  
\$ \_\_\_\_\_

M. For what exact purpose will the grant funds be used? (to apply to tuition, to room and board, to books and materials?)

N. Has this applicant received funding from the Committee? \_\_\_\_\_ If yes, when? \_\_\_\_\_ what amount? \_\_\_\_\_

O. By what date are these funds needed? \_\_\_\_\_

P. If grant is wholly or partially approved, to what institution and address should the check be sent? \_\_\_\_\_

\_\_\_\_\_

XII. Signatures (provide any or all that apply)

A. Applicant: \_\_\_\_\_

B. Date Signed: \_\_\_\_\_