

Conference Ministries, United Methodist Church Funding Application

North Indiana Conference Ministries Funding Application for 2009

6 Copies To: Missions Funding Chairperson: Mr. John T Shettle, P O Box 155, Orestes, IN 46063-0155

**Deadline: These must be returned no later than June 18<sup>th</sup>, 2008.**

We will be needing your R E A P statement and a current Audit: Applications WILL NOT be considered without them. Please see attached REAP information

United Methodist District \_\_\_\_\_ Date \_\_\_\_\_

**Part I: General Information:**

**Name of your Agency / Ministry:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Is someone on your staff or board assigned to making special contracts and filling out applications? List name and Phone#** \_\_\_\_\_

**Director:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip** \_\_\_\_\_

Amount Requested from Ministries & Mission Division for 2009? \_\_\_\_\_

Number of years you have received funding from the North Indiana Conference: \_\_\_\_\_

What year did you first receive funding from us? \_\_\_\_\_

1. Briefly describe your ministry; what are the human needs you are meeting and how are you meeting them? How have our funds helped?

2. Are there specific needs that will continue to be the reason for your ministry?

3. How are you meeting spiritual and emotional needs?
  
4. How are you meeting social and economic needs?
  
5. Composition of your Agencies Board (See our Guidelines for Funding)  
How many are United Methodist? \_\_\_\_\_  
  
How are you a ministry of the United Methodist Church?
6. How many of the Board members reside in the community that you serve? \_\_\_\_\_
7. What specific needs led to the development of your agency / ministry, give a brief history:  
(Was the United Methodist Church involved?)
  
8. What is your ministry's relationship to other churches and to your community?
  
9. How many people have you ministered to this past year? \_\_\_\_\_  
Are they (circle those who apply) men women young children teens
  
10. How do you work with other social services?
  
11. How do you assist your clients in linking other service agencies?
  
12. Please relate at least one "real life" story from this past year that illustrates your ministries' effectiveness: (add separate sheet of paper and label it part I # 12)

**Part II: Pre-School**

Pre-School Ministries ONLY: Please answer #1, 2 and 3 on a separate sheet of paper and attach it to this application.

1. What number and percentage of pre-school enrollment is from persons who are not members of the sponsoring church?
2. How does your church minister to the parents and families of these non-church related children?
3. What is your fee policy? Does your policy conform to the U.M. Conference policy (see guidelines V-B-7)?
  - a. Are at least 75% of the children served related to families beyond the membership of the local church? \_\_\_\_\_
  - b. Are fees charged families based on their ability to pay? \_\_\_\_\_
  - c. Are ministry to these children an integral part of the ministry to them and their families? \_\_\_\_\_

**Part III Your Goals**

1. What are your ministry's goals for the next one to three years; describe how you plan to meet them?
2. Are there any changes that you are making in your ministry this year? If so, what are they?
3. Who are the agencies or churches in your community that will help you in achieving these goals?

**Part IV Financial Information**

1. Please attach a copy of this year's proposed budget.  
What is your fiscal year? (Jan to Dec?) From \_\_\_\_\_ to \_\_\_\_\_
2. What new sources of funding have you applied for this past year?  
(Service clubs, foundations, trust, churches, United Way, Etc.?) Please List them.
  - (a) \_\_\_\_\_ \$ \_\_\_\_\_
  - (b) \_\_\_\_\_ \$ \_\_\_\_\_
3. During the past three years how much financial support have you received from United Methodist sources? (Please review your records)
  - a. North Indiana Conference      2006 \_\_\_\_\_ 2007 \_\_\_\_\_ 2008 \_\_\_\_\_
  - b. Advance Special                      2006 \_\_\_\_\_ 2007 \_\_\_\_\_ 2008 \_\_\_\_\_
  - c. Local United Methodist churches 2006 \_\_\_\_\_ 2007 \_\_\_\_\_ 2008 \_\_\_\_\_

4. What other sources of funding are you actively seeking?

How do you plan to become self-supporting?

5. Include a copy of last year's financial review and AUDITOR'S STATEMENT (An Audit statement should be done by a person that is NOT directly involved with this ministry. Regardless of whether a church committee does it or if a professional C P A does it.)

**Part V:** Racial Equality Action Plan (REAP) (This MUST come with your application)  
Please include an action plan that is more than an equal opportunity employment statement.

1. What are your specific and measurable REAP goals?
2. Do your classes / programs include ALL people without discrimination?
3. Do your purchasing practices show appropriate diversity?
4. Do you have a racially diversified staff? \_\_\_\_\_  
How?

**Part VI: Administrative**

What are your current administration costs? (Teachers, Secretary, Custodial)

Administrator\_\_\_\_\_ Salary\_\_\_\_\_

Position\_\_\_\_\_ Salary\_\_\_\_\_

Position\_\_\_\_\_ Salary\_\_\_\_\_

Position\_\_\_\_\_ Salary\_\_\_\_\_

Other Expenses\_\_\_\_\_

What are your TOTAL Expenditures for the past three years?

2006\_\_\_\_\_ 2007\_\_\_\_\_ 2008\_\_\_\_\_

**For Ministries that have received funds from us in the past:**

**If you are asking for a substantial increase over your past request, PLEASE explain WHY?**

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**The following Signatures MUST be included:**

**Person completing this form:**\_\_\_\_\_ **Phone #**\_\_\_\_\_

**Chairperson of Governing Board:**\_\_\_\_\_

Date this application was completed: \_\_\_\_\_ Postmark by June 18, 2008