

WISCONSIN UNITED METHODIST FOUNDATION, INC Grant # _____

750 Windsor Street Suite 305
Sun Prairie, Wisconsin 53590
(608) 837-9582 or 1-888-903-9863

(for office use only)

APPLICATION FOR A GRANT FROM THE GRANTS FUND

FALL application deadline is: NOVEMBER 1

SPRING application deadline is: MARCH 1

Name and address of organization:

Applicant phone number: _____

Name of Grant (in your own words): _____

Nature of Applicant/Organization: _____

District Name: _____ Circuit Number: _____

Contact person and title: _____

Contact person address:

Contact person phone number: _____

E-mail Address: _____

Date operations were begun, or will begin: _____

Religious affiliation of applicant: _____

If not a United Methodist Church,
is this organization tax exempt? Yes No

Attach copy of exemption letter from IRS
(not the sales tax exemption certificate).

Describe your Grant Request & what you hope to accomplish through the use of a Foundation Grant.

Is this project NEW? Yes No Or CONTINUING? Yes No

Has this project received Foundation grant money before? Yes No If yes, when? Grant #? _____

Project Budget \$ _____
(MUST attach a complete breakdown of anticipated costs.)

If this is a continuing project:
Current year budget / expenses \$ _____

Previous year expenses \$ _____

Amount applying for from the Foundation. \$ _____

Grant check should be made payable to: _____

Source of applicant's funds in prior years and at present, including support from local church/circuit:

If this is a continuing project, what is your anticipated source of future financing?

How does our support make a difference?

What are your plans for next year's budget?

Please refer to Grant Guidelines for description of applicable signatures. It is the sole responsibility of the applicant to submit the required signatures by the deadline!

THE FOLLOWING APPROVE THE MAKING OF THIS APPLICATION:

1. Governing Board sponsoring the project : (President or Chairperson) _____

Title of Signer: _____ Phone Number _____

Address _____

Comments

2A. Conference Board signature if Conference Project: (Chairperson) _____

Title of Signer: _____ Phone Number _____

Address _____

Comments

OR

2B. Circuit Leader /Neighboring Church Pastor, or D.S. Signature: _____

Title of Signer: _____ Phone Number _____

Address _____

Comments

E-mail or print and mail the completed application (postmarked) no later than **November 1** for **FALL** grants, and no later than **MARCH 1** for **SPRING** grants to **WUMF**. Wisconsin United Methodist Foundation, 750 Windsor Street, Suite 305, Sun Prairie, WI 53590. E-mail: wumf@wumf.org FAX: 608-837-2492 NO exceptions to these deadlines will be made.