



Grant Application

Deadline: March 1st for the year you are applying

Name: _____ Date: _____

Program Name: _____ Phone: _____

Address: _____ Fax: _____

City/State/Zip: _____ E-Mail: _____

Church Affiliation: _____

Name of Church: _____

Minister's Name: _____

Applying For (please check one): ☐ Benevolent Grant ☐ Food Pantry Grant

Name of Program/Project: _____

Purpose of Program/Project: _____

Length of Program/Project: _____

Amount Requested: _____

Please attach budget for entire Program/Project indicating other sources of funds.

Please enclose any brochures or flyers which describe the program/project.

Please attach a written description of the project in 500 words or less which includes the following:

1. Project results to date or reasons why you think it will succeed.
2. The benefit to the organization and to its clients.
3. Why the project is being pursued.
4. Number of persons served over what length of time.

I agree, if the project is funded, to send a final report, 400-500 words in length and photos if possible, to the Methodist Foundation of Ohio describing my experience and the benefit to the organization and its clients.

Signature

Methodist Foundation of Ohio
8800 Cleveland Ave. NW, North Canton OH 44720
Toll Free: 800-831-3972 Ext. 138 Phone: (234) 209-9694 Fax: (330) 281-4914

Methodist Foundation of Ohio

In making its determination, the Distribution Committee shall consider, among other things:

- The nature of the project or mission proposed;
- Its relationship to the East Ohio Conference, its churches, and its members;
- The total amount of funding involved;
- The availability of funding from other sources;
- And the relative need for funds for this project or mission as compared with other needs currently under consideration by the Distribution Committee.

Difference between a Benevolent Grant and a Food Pantry Grant:

A *Benevolent Grant* is a grant to a local church to support primarily their mission and outreach ministries

A *Food Pantry Grant* helps your church provide food to those in need through prepared meals or groceries.

Please list the organization the check will be made out to if funds are granted:

Organization Name: _____

Organization Mailing Address: _____
