

The United Methodist Special Program on Substance Abuse and Related Violence

Application for Funding

Priority will be given to projects which demonstrate the following principles:

- Involvement of United Methodist Church congregations, cooperative parishes, national mission institutions (i.e., community centers, schools, residences), health and welfare conference-related institutions (hospitals, children, youth and families), and long-term care institutions, metropolitan ministry agencies, church-based or related community organizing projects.
- Innovative and creative program emphasis that may provide a model which could be replicated elsewhere.
- Exhibit the potential to generate and/or expand financial or human resources.
- Encourage the cooperation/collaboration of conference, district and local programs focused on issues relating to substance abuse.
- Work towards systemic change directed at the root causes of substance abuse and related violence including economic and social injustices, covert and overt acts of violence, and emotional and spiritual weakness.

TIME SCHEDULE:

Recommendations are presented for approval at the spring and fall meeting of the Board of Directors of the General Board of Global Ministries. Therefore applications for spring and summer funding must be received no later than February 1st for a decision in March; applications for fall and winter funding must be received no later than August 1st for a decision in October. **We encourage early submissions.**

1. Program on Substance Abuse and Related Violence (SPSARV) grants should be used to leverage other funding. SPSARV grants will **not** be awarded where there is no evidence of other funding sources.
2. Applicants who receive funding are ineligible for additional funding following receipt of a grant for at least three years.
3. Program on Substance Abuse and Related Violence (SPSARV) grantees must complete an evaluation and return at one and two year anniversaries following receipt of funds.

APPLICATION SUBMISSION:

Please submit an original copy of the application. Please be sure that the Annual Conference Consultation Signature Form is attached to the application. Mail the

application to **SPSARV, 475 Riverside Drive, Room 1537, New York, NY 10115.**



PROGRAM ON SUBSTANCE ABUSE
AND RELATED VIOLENCE (SPSARV)
Application for Funding

I. GENERAL INFORMATION

Project Name _____
Sponsoring Organization _____
Contact Person _____, Title _____
Address _____
Zip Code/Country _____
Telephone () _____, Fax () _____
Annual/Central Conference _____, District _____
Date of Application _____

Which of The United Methodist Church's **Four Areas of Focus** best describes your program?

- Global Health
- Leadership Development
- Ministry with the Poor
- Church Renewal

Brief Description (50 words or less -- for computer entry)

II PROJECT DATA – check those that apply

A. Demonstration/Church-Related Program

- education/prevention
- intervention/treatment
- community organizing
- public advocacy
- mission evangelism

B. Is the Sponsoring Organization:

- United Methodist?
- Ecumenical?
- Community-based (including United Methodist Church participation)?
- Other, please describe:

C. Context:

- | | |
|---|---|
| <input type="checkbox"/> Rural | <input type="checkbox"/> Central Conference |
| <input type="checkbox"/> Small Town | <input type="checkbox"/> Southwest Border |
| <input type="checkbox"/> Urban/Metropolitan | <input type="checkbox"/> Appalachia |
| <input type="checkbox"/> Suburban | <input type="checkbox"/> Other _____ |

D. Target Population:

- | | |
|---|--|
| <input type="checkbox"/> Families | <input type="checkbox"/> African |
| <input type="checkbox"/> Women | <input type="checkbox"/> African-American |
| <input type="checkbox"/> Children | <input type="checkbox"/> Asian-Pacific Islanders |
| <input type="checkbox"/> Youth | <input type="checkbox"/> European |
| <input type="checkbox"/> Older Adults | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Prisoners/Ex-offenders | <input type="checkbox"/> Other _____ |

III. FINANCIAL DATA

Funding request for year _____

Amount of request _____

Total budget of project (Previous year) _____

Total budget of project (Current year) _____

List the three (3) estimated primary funding sources and amounts for current year:

Which of these is/are multiple year funders? _____

Amount of current request: _____

Percentage of total budget _____

BUDGET: Attach complete budget in two columns – expenditures and income – listing all anticipated sources and indicating those that are confirmed (see also #12). **Include this grant request in “Total Income”.** Your grant request should not be more than half of your total budget. For the purposes of this projected budget, “Total Expenses” and “Total Income” must be the same dollar amount.

List any previous funding received from the General Board of Global Ministries:

A. To sponsoring organization

Year(s): _____ Source: _____ Amount: _____

B. To this specific project

Year(s): _____ Source: _____ Amount: _____

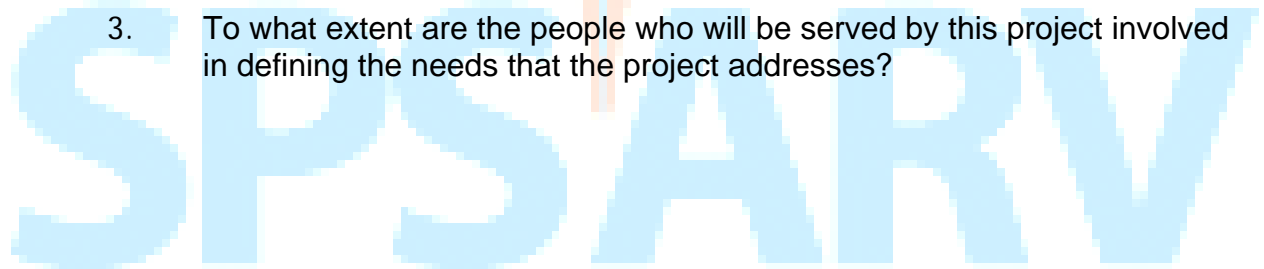
IV **DESCRIPTIVE DATA** [attach additional pages, as needed]:

1. Summarize the project, including purpose, goals, methodology, and evaluative procedures.

2. Explain why this project is needed. How does your program specifically address substance abuse and/or related violence?

3. To what extent are the people who will be served by this project involved in defining the needs that the project addresses?

4. What is the capacity, including 3 to 5 year plan, to generate funds both locally and regionally and to become self sufficient?



5. Give percentages of (a) racial ethnic persons, (b) women (c) children/youth involved in the following aspects of the project:

	Racial Ethnic Persons	Women	Youth
Target groups served	_____ %	_____ %	_____ %
Decision-making body	_____ %	_____ %	_____ %
Project staff	_____ %	_____ %	_____ %

6. What measurements will be used (quantitative and qualitative) to assess success in reaching stated goals?

7. How do you plan to share any learning? With whom will they be shared?

8. What is the project or organization's relationship to the United Methodist Church?

SPSARV

9. How does the project align itself with the mission goals of the annual/central conference, district and/or local church?
10. Attach the annual report for your past program year. Also, submit the actual budget for the last full year. (If you are a new project, submit relevant background documents that describe and document the initiation of your new project).
11. Attach a full budget (including anticipated income sources) for the year of the grant request.
12. Attach the sheet of signatures of United Methodist leaders in your annual/central conference (page 6).

The Program on Substance Abuse and Related Violence seeks to serve the needs of many, and has structured the grant process to give priority to first time applicants. This structure helps to ensure that limited funding resources assist the greatest number of ministries, working to eradicate substance abuse and violence. Thus, grant recipients are not eligible to reapply for at least three (3) years following receipt of funds.

Child Protection Policy

The General Board of Global Ministries of the United Methodist Church seeks to assure the physical and sexual safety, emotional well being and spiritual health of children, youth and adults. Please demonstrate in your application the means by which your program or project ensures compliance with this standard.

Send no later than August 1st for Fall decision
Send no later than February 1st for Spring decision

X. OFFICIAL/AUTHORIZED SIGNATURES*

I. SUBMISSION by Project/Organization governing board:

Typed or Printed Name	Title/Position
Signature of Officer/Staff	Date

II. REVIEW by Annual conference Board of Global Ministries or equivalent body:

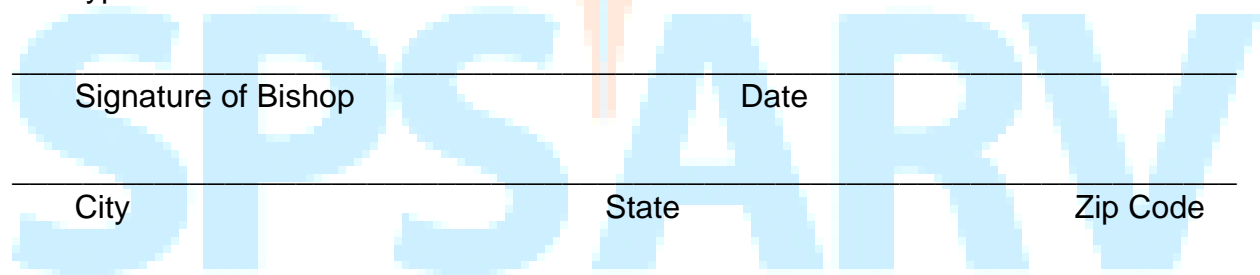
Typed or Printed Name	Street Address	
Signature of Officer/Staff		
City	State	Zip Code

III. CONSULTATION with Bishop and Conference Council on Ministries:

My signature below confirms that I have reviewed the application and/or that I am otherwise knowledgeable about the project and its current proposal before the General Board of Global Ministries. Furthermore, I have attached to this application any comments I wish to have considered as this proposal is evaluated for possible funding through the Program on Substance Abuse and Related Violence.

1) _____

Typed or Printed Name	Street Address	
Signature of Bishop	Date	
City	State	Zip Code



2) _____
Typed or Printed Name Street Address

Signature of Conference Director/Connectional Ministries/Council on Ministries/
Equivalent

Date City State Zip Code

3) _____
Typed or Printed Name Street Address

Signature of District Superintendent Date

City State Zip Code

When all required signatures have been obtained, submit completed form with original signatures and application to:

**United Methodist Special Program on
Substance Abuse & Related Violence
475 Riverside Drive
Room 1537
New York, NY 10115
(212) 879 - 3699**