

## Appendix 7

### Application Form and Guidelines

*Dear United Methodist Bishops in Europe:*

*The United Methodist Church European Board of Drug and Alcohol Concerns will also this year give United Methodist churches in Europe the opportunity to apply for funding for their work in the area of drug and alcohol concerns. We ask you to send this information to the boards and/or congregations in your area that work with drug and alcohol issues. You will find the application forms and guidelines attached to this email. You may also put the application form on your central conference website.*

*Thank you for your help and support.*

The UMC European Board of Drug and Alcohol Concerns  
Helen Byholt Lovelace

To United Methodist Church (UMC) boards and congregations in Europe working with the issue of drug and alcohol concerns:

The UMC European Board of Drug and Alcohol Concerns will again this year give United Methodist churches in Europe the opportunity to apply for grants to support their work in the area of drug and alcohol concerns.

**Please read the following instructions carefully before you fill out the application form. Only completed applications will be reviewed.**

For each project for which you are applying, you need to fill out an application form and a budget form. Each application must be followed by a letter of support from the district superintendent (DS) of the district in which the project is to be held.

All projects must be based in the annual conference or local congregation and the participants have to be recommended through a local United Methodist congregation or institution.

All applications have to be approved by the annual conference's council on ministries/administrative board or the board that is responsible for drug and alcohol concerns in the annual conference. This board has to fill out a priority list if the annual conference is applying for grants to support more than one project.

We also call your attention to the last line in the application form. We ask you to get the signature of the district superintendent of the district in which the project will take place, the chairperson of the board responsible for drug and alcohol concerns in the annual conference, and the person who is organizing the project.

The project for which the annual conference is applying should be based on needs identified by the annual conference and should involve one or more of the following strategies:

- a. Leadership training
- b. Educational information or resources, such as booklets or training materials
- c. Public-policy advocacy
- d. Community programs, such as camps, conferences, or seminars.

**Funding from The UMC's European Board of Drug and Alcohol Concerns must be used for actual programmatic components of a project and not for salaries, purchase of equipment, rent, purely administrative costs, building construction, or a publication unless the publication is to be used in the context of a larger project.**

*The application form has to be written in English* and the application must be typed. To respond fully to the questions, you may use additional pages or space.

After the project has been held, you must send in an evaluation report, together with a detailed expense report, not later than one month after the project has ended. An annual conference cannot apply for new grants if it has not sent in reports from previous projects, such as those held the year before.

The annual grant application deadline is October 15. Grants will be awarded in the calendar year following the deadline date. The UMC European Board of Drug and Alcohol Concerns will review the applications at its November meeting.

If you have questions, please contact Helen Byholt Lovelace by email: [byholt@aol.com](mailto:byholt@aol.com).

The application should be directed as follows:

**Helen Byholt Lovelace  
03150 Kiev, a/c 225  
UKRAINE**

If you are submitting the application by email to [byholt@aol.com](mailto:byholt@aol.com), you will have to send the signature page by fax (country code + 38 044 287 4885) or by regular mail.

Attached to this email you will find the application form, budget form, and priority list.

Greetings,  
The United Methodist Church European Board of Drug and Alcohol Concerns  
Helen Byholt Lovelace

*The United Methodist Church (UMC) European Board of Drug and Alcohol Concerns is a board under the umbrella of The United Methodist Church. The members of the Board are appointed by the bishops in Europe and elected by the European central conferences. The Board is in close connection with the Special Program on Substance Abuse and Related Violence (SPSARV) and the General Board of Global Ministries (GBGM) of The United Methodist Church. The Board reports to the executive committees of the three central conferences of The UMC in Europe and to SPSARV.*

*The Board has the following responsibilities: development of new and existing programs, information about drug and alcohol issues, fundraising, leadership training, and inspiration.*

*The Board has 10 members—two members from each episcopal area in Europe, the financial secretary, and one representative from SPSARV. The financial secretary and the representative of SPSARV have no vote at the board meetings.*

### **The Board members for 2005–2009 are as follows:**

*Northern Europe Central Conference*

*Nordic and Baltic Area: Jolita Pieciaite, Finn Uth*

*Eurasia: Oksana Petrova, Aleksander Kaminin*

*Germany Central Conference: Erika Theysohn, Thomas Günther*

*Central and Southern Europe CC: Erika Welti, Vladimir Todorov*

### **Staff Liaisons for 2005–2009**

*Financial Secretary: Helen Byholt Lovelace*

*SPSARV: Jerald Scott-McKie*

# APPLICATION FORM

## Grants for Drug and Alcohol work in United Methodist churches (UMC) in Europe

**Kind of project:**  Conference  Seminar  Camp  Leadership Training  Other  
 New Project  Ongoing Project

Title of Project: \_\_\_\_\_

Name of Annual Conference, District, and/or Church: \_\_\_\_\_

Place where the project is going to be held: \_\_\_\_\_

Exact dates for the project: \_\_\_\_\_ Number of Participants: \_\_\_\_\_ Number of Leaders: \_\_\_\_\_

Contact  
Person:

Name	_____	Address	_____
Phone Number	_____		_____
Email Address	_____		_____

Organizer:

Name	_____	Address	_____
Phone Number	_____		_____
Email Address	_____		_____

District  
Superintendent:

Name	_____	Address	_____
Phone Number	_____		_____
Email Address	_____		_____

### Comprehensive Plan for the Project (maximum: 1 page)

Include the project's goal, target group, purpose, and needs; your project address; how you plan to meet the needs; and the outcome or result that you expect.

**Grants needed:** \_\_\_\_\_

Signatures:

Chairperson of the Board	_____	Organizer of the Project	_____	District Superintendent	_____
Place	_____		_____	Date	_____

Attachment: Letter of support from the District Superintendent

# BUDGET

For each line item, please detail the sums of money listed; do not use a lump sum. Use more space if needed. The amount has to be in US dollars (\$) or euros.

Name of the Project: \_\_\_\_\_

Date of the Project: \_\_\_\_\_ Number of Participants: \_\_\_\_\_  
Day/Month/Year

Number of Leaders: \_\_\_\_\_ Organizer of the Project: \_\_\_\_\_

## Details

## Total

### EXPENSES

Lodging and Food:		
Transportation:		
Phone, Postage, Copies:		
Materials:		
Honorariums:		
Miscellaneous:		
<b>Total Expenses:</b>		

### INCOME

European Board of Drug and Alcohol Concerns:		
Other UMC Boards/Agencies:		
Annual Conference:		
Registration Fees:		
Other Sources:		
<b>Total Income:</b>		

\_\_\_\_\_  
Chairperson of the Board

\_\_\_\_\_  
Organizer of the Project

\_\_\_\_\_  
District Superintendent

\_\_\_\_\_  
Signature and Full Name Printed



## Appendix 8

### Report and Evaluation Form and Guidelines

The United Methodist Church European Board of Drug and Alcohol Concerns decided at its November meeting to give \_\_\_\_\_ (code number \_\_\_\_\_).

The rules for the fund do not allow the United Methodist European Board of Drug and Alcohol Concerns to support salaries and equipment for programs.

**N.B. Seminars applied for in one year for the following calendar year cannot be postponed until a later year.**

*To receive the money, you must follow these directions:*

- a. Return the bank information sheet to Helen Byholt Lovelace: byholt@aol.com. Send a copy of the email to Karin Thompson at the Bishop's Office for Northern Europe, which is in Norway: biskop@umc-northerneurope.org and to Finn Uth: msac@image.dk and to your contact person on the Drug and Alcohol Committee. **Remember to refer to the code for your project when you contact us.**
- b. The money will be sent to you from the Bishop's office in Norway at the time you request.
- c. No later than **one month** after the seminar, camp, or meeting has been held, you must send your reports—a written report and an expense report—to Helen Byholt Lovelace. Both reports are attached to this email. Send the report by email to Helen Byholt Lovelace: byholt@aol.com and send the original report with the signatures and the receipts to the following address:

Helen Byholt Lovelace  
Box 246, N3791 Kragerm,  
NORWAY

## Explanation of the Expense Report Form

First of all, you need to have receipts for all your expenses. If it is difficult to get a receipt, you have to create one yourself and you must have two persons sign such receipts.

<b>Expenses incurred</b>	Write the expenses you have had here. For example: paper, traveling from/to, etc.
<b>No.</b>	You must number all your receipts. The number you give each receipt should also be placed under the column "No."
<b>Date</b>	Use the date on the receipt.
<b>Lodging</b>	Enter all the expenses you have had for housing and meals during the seminar, camp, or other project.
<b>Transport</b>	All the travel expenses for the leaders, participants, etc.
<b>Office, phone</b>	Expenses for paper, stamps, phone, photocopying, etc.
<b>Materials</b>	Activity materials for the seminar or camp itself.
<b>Fees</b>	Honorariums or other fees for a speaker or special guest.
<b>Miscellaneous</b>	Expenses difficult to fit into one of the other columns.
<b>Ex. Rate</b>	Your expenses are in your local currency, while the grant you received from us is in US dollars or euros. Please convert the local currency into dollars or euros. Use the exchange rate on the day you exchanged the money from dollars or euros into the local currency.
<b>Total in \$</b>	Write the sum of your expenses in dollars or euros.
<b>Income</b>	List the sources from which you have received money.
<b>No.</b>	See the explanation above.
<b>Date</b>	See the explanation above.
<b>European Board</b>	The amount received from the European Board of Drug and Alcohol Concerns.
<b>Participants</b>	In general, each participant has to pay a fee to take part in our programs. Here, write the total amount they have paid.
<b>Other Sources</b>	If you have received money from other sources, record the total amount received here.
<b>Ex. Rate</b>	See the explanation above.
<b>Total in \$</b>	See the explanation above.

If you have any questions, please contact Helen Byholt Lovelace by email at [byholt@aol.com](mailto:byholt@aol.com).

We hope you will have a great camp, conference, or seminar. May God bless you in the important work you are doing for the people who are suffering from drug and alcohol abuse in one way or another.

United Methodist Church European Board of Drug and Alcohol Concerns  
Helen Byholt Lovelace

# REPORT

## Grants for Drug and Alcohol work in United Methodist churches (UMC) in Europe

[Please type your answers.]

Title of Project: \_\_\_\_\_

Code Number: \_\_\_\_\_

Name of annual conference, district, and/or church: \_\_\_\_\_

Place where the project has been held: \_\_\_\_\_

**Type of Project:**  Conference  Seminar  Camp  Leadership Training  Other  
 New Project  Ongoing Project

Project Dates: \_\_\_\_\_ Number of Participants: \_\_\_\_\_ Number of Leaders: \_\_\_\_\_

Contact Person:

Name	_____	Address	_____
Phone Number	_____		_____
Email Address	_____		_____

Organizer:

Name	_____	Address	_____
Phone Number	_____		_____
Email Address	_____		_____

District Superintendent:

Name	_____	Address	_____
Phone Number	_____		_____
Email Address	_____		_____

Describe in a few sentences the goal(s), target group(s), and purpose of the project.

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# EVALUATION OF THE PROJECT

How did you accomplish your goal(s)? \_\_\_\_\_

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What has this project led you to do in your community? \_\_\_\_\_

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How will you follow up? \_\_\_\_\_

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Did the project have the result that you expected? \_\_\_\_\_

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\_\_\_\_\_  
Signature of Organizer

\_\_\_\_\_  
Signature of Contact Person

Attachment: Expense Reports

## Bank Information

Project number: \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

Account: \_\_\_\_\_  
Name

\_\_\_\_\_  
Address of Account

Swift/Bic Code: \_\_\_\_\_

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International Bank Account Number (IBAN): \_\_\_\_\_

Bank: \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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When should we transfer the money? \_\_\_\_\_