



UMCOR HEALTH Funding Request Application

Section 1: OVERVIEW

Applicant Qualifications:

- Project should be for primary health care-related work.
- Priority given to United Methodist or Methodist-related projects.
- Project covers no more than a 12 month period.
- First time grants considered up to \$10,000; subsequent grants up to \$20,000.
- Project emphasis should be given to empower or assist one or more of the following groups: the poor, women, mothers and children, youth, racial/ethnic minorities, people living with HIV/AIDS.
- Proposals should include a monitoring and evaluation strategy.
- A realistic budget should accompany the application and reflect the project's goals and objectives (Use the budget template or attach one in similar format).

Reporting Requirements:

- Semi-annual progress report with media information: a personal interest story and photos.
- Annual narrative report with financial reporting.

Reporting templates provided upon approval of funding.

Program Consideration:

As a program of the United Methodist Church, UMCOR Health trusts that your programs will be in accordance with the disciplinary mandate, which states that “these ministries shall be administered in the spirit of Jesus Christ and advance the dignity of persons without regard to religion, race, nationality or sex, and shall enhance the quality of life in the human community.”

Required attachments to the application

Applications must be fully and correctly signed and dated (see page 5) and/or official e-mail notification sent by authorizing personnel.	
Copy of the organization's certificate of registration conferring legal status or other appropriate legal documentation	
Name and address of bank; name and address of beneficiary; account number; Swift Code/ABA number	
Copy of the organization's most recent annual report	
Copy of an audited financial statement	

Submitting an Application

If you have questions about this application, contact bhayes@gbgm-umc.org to receive an example completed application.

Mail or Fax to:

**UMCOR HEALTH, General Board of Global Ministries, 475 Riverside Drive, Room 1520,
New York City, NY 10115, U.S.A.**

Tel: 800-554-8583

Fax: (212)-870-3624

E-mail: Bridget Hayes, bhayes@gbgm-umc.org

Email copy should also be sent to appropriate UMCOR regional executive secretary. Receipt of applications will be acknowledged and funding decision will be made within 90 days of receipt.

SECTION 2: APPLICANT INFORMATION

Date of Submission		Total \$ Requested <i>USD</i>	
Project Name			
Implementing Organization		Year Founded	
Address			
Annual or Central Conference <i>if applicable</i>			
Contact Person for Application			
Contact Information <i>Phone, email</i>			
How you learned about UMCOR Health funding			

SECTION 3: RELATING TO UMCOR HEALTH

The primary objective of UMCOR Health is to improve the overall health of a defined community through the following program areas.

Indicate what program areas your proposed project relates to (check all that apply):

Maternal Health <i>includes nutrition</i>	
Child Health <i>includes nutrition</i>	
Potable Water and Basic Sanitation	
Transmittable Diseases	Malaria
	HIV/AIDS
	Tuberculosis
Community Health Workers <i>includes training</i>	

SECTION 4: PROPOSAL SUMMARY (No more than 2 ½ pages)

1. DESCRIPTION OF SITUATION NECESSITATING REQUEST:

Provide a brief situational analysis that the project seeks to address. If baseline health statistics of impacted people are available, please include details here.

2. PROJECT GOAL:

In brief, state the project's goal.

3. PROJECT DETAILS:

According to the following categories, summarize the details of the project.

Recipients or Beneficiaries (include numbers as appropriate):

Who will directly benefit from the proposed assistance or project?

Community:

Indicate the project's proposed community.

The Community is	Rural	Urban		
The selected community is in a conflict or post conflict area			Y	N
The selected community is or was a camp for displaced people or refugees			Y	N

Management:

Who will be responsible for managing the project?

Staffing:

Who will be working on the project? Please state numbers of staff, their roles, full and part time status.

Partnerships with selected communities and other organizations are a requirement.

Indicate the project's partners

The project and community will make decisions and work together	Y	N
The project makes most of the decisions (as opposed to carrying out decisions made by other partners)	Y	N
The project plans to work with appropriate Government ministries	Y	N
The project plans work with the United Nations and/or other NGOs	Y	N
The project works with the national and/or local UMC church	Y	N

Project Time Period:

Indicate the start and end date of the project.

Sustainability:

Explain how the project and its work will change and/or continue after the funding period.

4. OBJECTIVES and SUPPORTING ACTIVITIES:

List the objectives and supporting activities of how the project goal will be achieved (what you propose to do, how you will do it and where you will do it, and who will benefit.)

5. ORGANIZATION NARRATIVE

Describe briefly the history and mission of the organization or agency, its current programs and projects and the population served and the geographical location. Identify the organization's achievements and challenges.

SECTION 5: FUNDING REQUEST INFORMATION

1. AMOUNT OF REQUEST: (USD)

2. SUPPORTING BUDGET FOR REQUEST

Prepare a line item budget inclusive of all expenses and contributions in kind. A template is available below for your use or you may attach one in similar format. Use the space here for a budget narrative detailing the budget's contents. If the project budget exceeds the funding request, identify additional resources to fund the project.

Note: Priority is given to projects that allocate no more than 20% of their total operating budget to administration and overhead expenses.

INCOME (specify sources)	\$ USD
UMCOR Health Funds	
Other:	
Other:	
Contributions in kind (specify)	
Total Income	
EXPENSES (itemize)	
Project expenses	
Administrative expenses	
Operating expenses	
Miscellaneous expenses	
Total Expenses	
BALANCE (Income minus Expenses)	

3. PREVIOUS FUNDING RECEIVED FROM UMCOR or OTHER UMC AGENCY:

PURPOSE OF FUNDING	AMOUNT RECEIVED	DATE

SECTION 6: EXPECTED RESULTS

*In preparing this section, it is essential to reference the **UMCOR Health Indicator document** specific to the related project design to UMCOR Health program areas (including output and outcome indicators.)*

1. Indicator Table

As the project is related to UMCOR Health program areas, complete the following table to align project activities to outputs and outcomes.

Project Activities <i>What will the project do?</i>	Output Indicators <i>What will these activities produce?</i> <i>i.e. # of services provided, # of staff trained, etc.</i>	Outcomes Indicators <i>What will be the result or consequence of these activities?</i>	Tools used to Monitor <i>How will these activities and indicators be monitored or evaluated?</i>

SECTION 7: SIGNATURE AUTHORIZING SUBMISSION OF APPLICATION

Name and Signature of Executive Director:

Date:

Name and Signature of Presiding Bishop:

If applicable

Date: