

# HARRY R. KENDALL PROJECT APPLICATION FORM

**Dear Project Applicant:**

The Harry R. Kendall Fund is administered by Global Ministries, UMCOR Health, The United Methodist Church. Grants are awarded upon recommendation of the Harry R. Kendall Committee and approval of the Board of Directors. All decisions are final. Please read the instructions below before completing the application form.

## **KENDALL COMMITTEE GUIDELINES**

1. Grants are awarded for one year only with no promise of further funding in succeeding years. Applications must be submitted annually and received in the Unit office by June 30<sup>th</sup>.
2. Long-term projects may receive funding for a maximum of four consecutive years with appropriate monitoring.
3. Persons benefiting from the project must be African-American or Caucasian-American vulnerable elderly persons or children who are vulnerable.
4. Grants must enable the institution or group to continue, initiate or develop programs to benefit these persons.
5. Grants may be awarded for building projects, rehabilitation of buildings or program emphasis/provision of services.
6. **Only One (1) application form will be accepted per institution or group.**

## **APPLICATION FORM / DOCUMENTATION**

The **Revised 9-page** standardized form that follows is to be used by all project applicants. **Do not** attach additional pages or submit additional documentation.

## **APPLICATION DEADLINE AND SUBMISSION OF APPLICATION**

**Complete application (original and two copies) must be received by June 30<sup>th</sup>.** Grant decisions are made in October and applicants will receive written notification, whether or not a grant has been awarded, by November 30<sup>th</sup>.

Grants are given on the basis of anticipated income from the Harry R. Kendall Trust investments. Should a reduction occur in the income received by the Unit, grants to projects will be reduced.

Mail **ORIGINAL** application (**plus two copies**) to the address below.

**Joan Young  
UMCOR Health  
475 Riverside Drive, Room 1522  
New York, New York 10115**

HARRY R. KENDALL PROJECT APPLICATION

Project Name: \_\_\_\_\_  
(If different from agency name below)

Agency: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_

Telephone: Area Code ( ) Number: \_\_\_\_\_  
Email Address \_\_\_\_\_ Fax No. \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_

Telephone: Area Code ( ) Number: \_\_\_\_\_  
Email Address \_\_\_\_\_ Fax No. \_\_\_\_\_

Projects applying for H.R. Kendall Project funding must offer one of the following charitable services. Please indicate the type of service the project will provide.

\_\_\_\_\_ Preventive, therapeutic or rehabilitative health services to economically poor African-Americans.

\_\_\_\_\_ Permanent homes/housing for economically poor African-Americans under age 18, and economically poor elderly persons of the African-American and Caucasian-American descent.

\_\_\_\_\_ Training of leaders for charitable service in hospitals and homes caring for needy African-American children and aged African-Americans.

If granted, funds will be used to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Previous Kendall Funding: \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes," date(s) / year(s) – last four (4) years, followed by \$ amount(s): \_\_\_\_\_  
\_\_\_\_\_

Board Chairperson (print) \_\_\_\_\_ Signature \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address \_\_\_\_\_  
\_\_\_\_\_

Telephone: Area Code ( \_\_\_\_\_ ) Number: \_\_\_\_\_

Email Address \_\_\_\_\_ Fax No. \_\_\_\_\_

Administrator (print) \_\_\_\_\_ Signature \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address \_\_\_\_\_  
\_\_\_\_\_

Telephone: Area Code ( \_\_\_\_\_ ) Number: \_\_\_\_\_

Email Address \_\_\_\_\_ Fax No. \_\_\_\_\_

Date: \_\_\_\_\_

**I. BACKGROUND INFORMATION ABOUT AGENCY/ORGANIZATION THAT ADMINISTERS THE PROJECT OR PROGRAM THAT IS SEEKING FUNDING.**

What is the mission statement of the agency? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are the goals of the agency? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the purpose of the agency? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What services does it provide? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long has it been in operation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. INFORMATION ABOUT THE PROJECT/PROGRAM THAT IS APPLYING FOR H.R. KENDALL FUNDING.**

**Please check the description that is most appropriate regarding the current stage of the project:**

**initial development**                       **planning**  
 **ongoing operations**                       **construction / renovation**  
  **expanding services to meet current needs**

**(Describe the project and include a brief narrative about the community needs which project will serve. If this is a new project, include anticipated organization and start-up schedule.)**

**III. PERSONS TO BE SERVED IN COMPLIANCE WITH KENDALL'S WILL**

Please check the client groups that will be served and provide approximate numbers.

- \_\_\_\_\_ leaders for charitable service in hospitals and homes
- \_\_\_\_\_ approximate number of leaders to be trained
- \_\_\_\_\_ economically poor African-American children \_\_\_\_\_ Approximate number
- \_\_\_\_\_ economically poor African-American elderly \_\_\_\_\_ Approximate number
- \_\_\_\_\_ economically poor Caucasian-American elderly \_\_\_\_\_ Approximate number

How do the project's services meet the requirements of the Harry R. Kendall Will and Trust that monies go to projects that provide (a) preventive, therapeutic or rehabilitative health services to economically poor African-Americans; (b) permanent homes/housing for economically poor African-Americans under age 18 and economically poor elderly persons of the African-American and Caucasian-American descent or (c) training of leaders for charitable service in hospitals and homes caring for needy African-American children and elderly African-Americans?

**IV. IF AWARDED, HOW WILL HARRY R. KENDALL FUNDS BE USED?**

**(Include a statement or statements of measurable goals.)**

**V. PROPOSED BUDGET AND EXPENSE PROJECTIONS FOR THE PROJECT**

**Quarterly Income Projections**

Income Source	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter	Total
Project Income					
Kendall Fund					
Other:					
Other:					
Other:					
<b>TOTAL</b>					

**Quarterly Projections**

Expense Items	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter	Total
Operations (Rent, Utilities)					
Personnel					
Supplies / Materials					
Other:					
Other:					
<b>TOTAL</b>					

Total amount of other funds currently committed to project: \_\_\_\_\_

Total amount being requested from the Harry R. Kendall Fund: \_\_\_\_\_

**Total:** \_\_\_\_\_

Total project needs: \_\_\_\_\_

Will the project be developed if any expected source of funding is not received? Yes: \_\_\_\_\_ No: \_\_\_\_\_

By what date will all funding other than Kendall funds be committed? Date: \_\_\_\_\_

## **VI. PROJECT EVALUATION AND REPORTING**

**Describe how the project will be evaluated, by whom, and to whom evaluation reports are made. (Projects funded through the Harry R. Kendall Fund are required to provide a progress report by September 30<sup>th</sup> of the year during which funding is being received. A visit by a Committee member or staff person might be made during the funding year.)**

**VII. FUTURE PLANS AND BENEFITS TO PERSONS SERVED AND COMMUNITY**

**Describe how/when project might become self-supporting. Describe the project's anticipated long-term benefits to individuals and to the larger community.**

**08/2009**