

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 30th.
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 30th. Grant decisions are made in October and applicants will receive written notification, whether or not a grant has been awarded, by November 30th.

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 330
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:

- | | | | |
|--------------------------|---|--------------------------|----------------------------------|
| <input type="checkbox"/> | initial development | <input type="checkbox"/> | planning |
| <input type="checkbox"/> | ongoing operations | <input type="checkbox"/> | construction / renovation |
| <input type="checkbox"/> | 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 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Total
Project Income					
Kendall Fund					
Other:					
Other:					
Other:					
TOTAL					

Quarterly Projections

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

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 30th 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