

United Methodist Church Malaria Fund

Application Form

This application form is only for grants covering a one-year period

- Important:**
- 1) Application must be submitted on this form, typewritten or using black ink.
 - 2) This application is **only** for United Methodist and Methodist related projects outside the U.S.

Guidelines: The application should propose work in one or more of the following types of activities:

1. Promoting Malaria awareness and prevention by education and information
2. Distribution of Insecticide Treated Bed Nets
3. Indoor spraying
4. Testing
5. Malaria case management
6. Preventative treatment in pregnant women

In all areas, the guidelines call for proposals to:

1. Clearly state objectives, feasible methods, a plan for monitoring and evaluation
2. Empower the poor, women, racial/ethnic, and disadvantaged persons
3. Involve beneficiaries in planning and implementation
4. Work with the church community
5. Follow strategies that are accepted nationally
6. Be sensitive to the role of gender inequality

Please enclose with your application the following documents:

- a) A copy of your organization's latest annual report and your latest income and expenditure financial statement, audited if available
- b) A short description of health related work carried out in the past three years by your organization
- c) Certificate of registration conferring legal status
- d) Name and address of bank; name and address of beneficiary; account number; Swift Code/ABA number

General Data: 1. Name of Project: _____

2. Name of organization: _____

3. Address of organization: _____

4. Name and title of Contact Person: _____

3. Email: _____

4. Telephone: _____

5. Amount requested: _____

6. Previous funding received from GBGM (years, amount):

Person preparing this form: _____ Date _____

Name and signature of Executive Director: _____

Date _____

Name and Signature of presiding Bishop: _____

Date _____

Mail or Fax to: UMCOR Health, General Board of Global Ministries, 475 Riverside Drive Room 330, New York, N.Y. 10115, U.S.A. Fax: (212)-870-3624, email: KGriffith@gbgm-umc.org Tel: (212) -870-3802

1. Proposal Summary:

Describe in no more than 150 words what you propose to do, how will you do it, where, who will benefit and why it is important.

2. Narrative: Describe briefly the history and mission of your organization/agency, your current programs, the population it serves including geographical location, socio-economic status, race, ethnicity and gender. Number of staff it employs, full time, part time and volunteers.

3. Funding Request (in US\$):

Amount requested:

Total project budget with all expenses (salaries, supplies, etc) and list of all sources of income for project:

Duration of project:

Proposed staffing, names and titles of individuals who will direct the project:

4. Monitoring and Evaluation:

Please explain how you will measure the effectiveness of your activities. Describe Your criteria for a successful program and the results you expect.

5. Follow up:

Describe how you will follow up the work once the project period is over.