



10330 Staples Mill Rd., Glen Allen, VA 23060  
[www.vaumfoundation.org](http://www.vaumfoundation.org)  
[foundation@vaumc.org](mailto:foundation@vaumc.org)  
 804-521-1121



PO Box 5606, Glen Allen, VA 23058  
[www.vaumdevco.org](http://www.vaumdevco.org)  
[devco@vaumc.org](mailto:devco@vaumc.org)

**THE VIRGINIA UNITED METHODIST FOUNDATION GRANT APPLICATION**

Select the grant you are applying for:

Foundation Grant      Dr. & Mrs. William J. & Francis Hanna Memorial Grant      Micah 6:8 No Harm, Do Good Endowment Grant

Amount requested: \$ \_\_\_\_\_ District: \_\_\_\_\_

Name of proposal: \_\_\_\_\_ Website: \_\_\_\_\_

Church/related entity: \_\_\_\_\_

Contact name \_\_\_\_\_ Title/Position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**GRANT INFORMATION**

1. Will this one-time request enable the proposal to be completed? Yes      No  
 a. If NO, what is the expected completion date? \_\_\_\_\_
2. Will this request impact multiple churches, districts or The Conference? Yes      No  
 (if Yes, attach a summary explaining the impact)
3. Have funds for this proposal been requested? Yes      No  
 a. If YES, from where? Local churches      District      Conference      Other  
 b. If YES, were funds awarded? Yes      No  
 c. If YES, where were they awarded from? Local churches      District      Conference      Other  
 d. If NO, why were the funds not awarded? \_\_\_\_\_
4. Has a grant from the Foundation been previously awarded? Yes      No  
 a. If YES, please provide a brief summary of how it was used: \_\_\_\_\_

**District Superintendent approval:** My signature indicates my approval of the named proposal.

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have read the guidelines for each grant offered by Virginia United Methodist Foundation. I affirm this application meets the criteria for the selected grant and the information submitted is true to the best of my knowledge. If selected, I agree to provide a 300 to 500 word status report (if possible, with photos) to Virginia United Methodist Foundation Grant Committee within 1 year of receiving the grant.

Printed name of submitter: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Attach the following material related to this application:**

1. Mission/vision statement.
2. How this grant will be utilized.
3. Summary of community demographic/population where grant will be applied.
4. Budget timeline (to include all sources of funding).
5. Ministry implementation plan, strategies, methodologies, etc.

**Send completed application and summary material via email or mailing address NO LATER THAN OCTOBER 31.**

Foundation use only			
Date received:		Received by:	