

**GATEWAY CENTRAL DISTRICT 2019 SOCIAL JUSTICE GRANT APPLICATION**

**United Methodist Church Information**

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Name of Church Federal EIN #

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Street Address City, State, Zip

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Mailing Address (if different from street address) City, State, Zip

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Senior Pastor Phone Email

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Project Contact Name Phone Email

Church: Average Attendance: \_\_\_\_\_

# of Constituents Served: \_\_\_\_\_

Did Your Church Pay 100% of Their District Apportionments in the Last Calendar Year? Yes No

If Not, What Percentage Did You Pay? \_\_\_\_\_

Did Your Church Pay 100% of Their Conference Apportionments in the Last Calendar Year? Yes No

If Not, What Percentage Did You Pay? \_\_\_\_\_

**Proposal Information**

Total Project Budget Round to the nearest dollar) \_\_\_\_\_

Dollar Amount Requested \* (Round to the nearest dollar) \_\_\_\_\_

Does this project require full funding in order to begin? Yes No

Please Explain:

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Has this project been formally approved by vote of your congregation's governing board? Yes      No

Does this project extend beyond one year? Yes      No  
If yes, how will this project be funded in the future?

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If the project requires the purchase and/or use of equipment, describe plans for how maintenance and replacement costs will be funded. Also, describe how the equipment will be secured from theft or damage.

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# Project Budget

## Projected Expenses

### Equipment and Materials Purchases:

Description	Expense	
_____	_____	
_____	_____	
_____	_____	
	_____	
Sub-Total		_____

### Personnel Cost (Labor/Salary, Etc.)

_____	_____	
_____	_____	
_____	_____	
	_____	
Sub-Total		_____

### Other Expenses Description

Description	Expense	
_____	_____	
_____	_____	
_____	_____	
	_____	
Sub-Total		_____

Expense Total		_____
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Projected Income:

Description	Income
Gateway Central District Social Justice Grant	_____
Other grants (name each)	Designated Gift
_____	_____
_____	_____
_____	_____
Paid from operating budget	_____
Other (describe)	
_____	_____
_____	_____
_____	_____
Income Total	_____

## Measures of Success

Goals	1 year	5 years
Increase in number of persons served by this project	_____	_____
Increase in number of volunteers that will participate in this project	_____	_____
Other Measurements (please describe)		
_____		
_____		
Other Measurements (please describe)		
_____		
_____		

## Project Narrative

Please attach a brief narrative (no more than two, single sided pages) in which you describe your church and how this project will improve and/or advance your Social Justice Goals. You may include relevant history, context and goals of the project and how you plan to measure success. **Please read all information (see district website) to verify all details have been included in the project narrative. Grant recipients will be notified by August 15, 2019 and will receive the award by September 1, 2019.**

This application **MUST** be postmarked or emailed by the deadline of **NOON on June 13, 2019.**

Mail applications to:  
Gateway Central District  
301 Sovereign Ct., Suite 100  
Manchester, MO 63011

Email to: [rita@goddard.bz](mailto:rita@goddard.bz)