UNITED METHODIST FOUNDATION

Of the Texas Annual Conference

5215 Main St.
Houston, Texas 77002

Phone 713-521-9383
800-521-9617
Fax 713-533-3781

GRANT APPLICATION

NAME OF APPLICANT: _____

CONTACT PERSON (NAME AND TITLE): _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____ _____

PHONE: _____ **FAX NUMBER:** _____

AMOUNT OF REQUEST: $_____ **DATE WHEN GRANT IS NEEDED:** _____

BRIEF SUMMARY STATEMENT DESCRIBING THE PROJECT (ATTACH SEPARATE SHEET IF NEEDED):

_____

_____

_____

_____

_____

_____

_____

_____

CHURCH MEMBERSHIP: _____ **TOTAL ANNUAL BUDGET:** _____

1. Attach a copy of Operating Budget and a Current Financial Statement.
2. Attach a report describing the project. Include in the report information regarding past sources of funding, other grant applications that are pending, and alternatives if the grant request is not funded, or not funded at the level requested.

SIGNATURES:

_____	_____	_____
Contact Person	**Title**	**Phone**
_____	_____	_____
Head Of Institution	**Title**	**Phone**
_____	_____	_____
District Superintendent	**District**	**Phone**