

Grants Available From the Heartland Methodist Foundation

The Foundation administers more than 100 different funds annually. Many of these funds directly benefit a church or ministry. Some are distributed by other boards or agencies of the Conference. The Foundation Grants Team is responsible for selecting the beneficiaries of several funds which relate to clergy emergency relief, emergency care for retired pastors and spouses, missions, evangelism, leadership development, facility improvements, handicap accessibility and a variety of additional ministry areas.

The Foundation has implemented a process where grants will be assessed and distributed semiannually. The deadlines for grant applications are April 1 and October 1 each year. Applications postmarked by the April 1 or October 1 deadline will be processed, applicants notified, and grant funds distributed within approximately one month after the deadline.

The Grants Team will review any grant application made, but preference is generally given to churches funding new ministries or with critical safety or security issues. Grant requests for operating funds are typically not funded. Higher consideration is given to applicants demonstrating a strong financial commitment to the ministry and usually no more than 50% of a project will be funded by a grant. The maximum grant is \$15,000 but most grants funded are less than \$5,000.

Our Grant Application Form can be used to apply for any type of grant (such as a new ministry, outreach or improved handicap accessibility). There is a separate Mission Trip application. One form should be completed for each person requesting a scholarship. If you have any questions, please feel free to contact the Foundation office at 877-391-8811.

Heartland Methodist Foundation
8401 Fishers Center Drive
Fishers, IN 46038
Toll-free: 877-391-8811 Local: 317-788-7879



GRANT APPLICATION

Organization Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

District (if a church) _____ Incorporated? _____ Yes _____ No

Organization Fed. I.D. Number: _____ IRS exempt letter? _____ Yes _____ No

Contact Person: _____ Title: _____

Email Address: _____ Phone: _____

Please describe the mission and major goals of your organization: _____

PROJECT INFORMATION:

Missional Area: Evangelism Missions Stewardship Leadership Facility

Project Name: _____

Total Cost of Project: \$ _____ Grant Requested: \$ _____ Date Project Begins: _____

Describe the project: _____

What community will be impacted by this project? _____

How many people do you anticipate will benefit from this project? _____

How will this project bring unchurched people into relationship with Christ or facilitate discipling?

Over

How will this new ministry follow up and disciple those it reaches? _____

What other sources of support have you developed for this ministry? _____

How will grant funds be used? _____

How will you sustain this ministry? _____

Use additional sheets as necessary to give complete answers

GRANT APPLICATION DOCUMENTATION:

To evaluate your application properly, the following documentation must be attached:

1. A copy of your organization's current budget with actual year to date income and expenses.
2. A copy of the project budget, showing both your funding plan as well as expenses.
3. The names, addresses and phone numbers of the church or organization's leaders and project leaders.
4. Any other supplementary materials that would describe the need for the project.

I certify that all the information provided in this application and on supplemental documents are accurate and complete to my knowledge.

Applicant Name (Please print) Title

Applicant Signature Date of Application

Grant application deadline is April 1st for Spring grants or October 1st for Fall grants. (Any exception to this is by approval of the HM Foundation Gifts & Grants Committee). You will receive notification of grant action in June (spring) or December (fall).

Send Application and Documentation to:
Heartland Methodist Foundation
8401 Fishers Center Drive. Fishers, IN 46038

<p>(For Foundation use only)</p> <p>Comments: _____ _____</p> <p>Committee Recommendation: _____ Decline _____ Approve - Amount \$ _____</p> <p>Date: _____ Gifts & Grants Chair Signature: _____</p> <p>Check # _____ Check Date _____ Account # _____</p>
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