UNITED METHODIST FOUNDATION
ALABAMA • WEST FLORIDA

Grant Application

Name of Applicant (please print): _____

Organization Name: _____ EIN: _____

Program Name: _____ Amount Requested: $: _____

Address: _____

City / State / Zip Code: _____

Phone: _____ Email: _____

Contact Person: _____ Title: _____

Website (if applicable): _____

Benchmark Criteria for Grants:

1. Alignment with Foundation and historically Wesleyan mission
2. Impact and Reach within the community
3. Feasibility and Sustainability beyond the grant period
4. Innovation and Collaboration
5. Financial Stewardship and Program Evaluation Plan

Grant Requirements: (Please provide details in a separate Word document)

1. **Program Description and Statement of Need:** Briefly describe your program and the need or opportunity this project will address in your community.
2. **Desired Outcome:** How will success be measured or evaluated?
3. **Implementation and Timeline:** Describe how and when the project will be implemented.
4. **Budget:** Provide all program expenses, funding from other sources, and net cost to your organization after other funding (if applicable).

If Awarded a Grant: You must submit a detailed report six months after the grant is awarded and upon completion of the program (or 12 months after grant awarded). Your signature below acknowledges your consent for the Foundation to publicly recognize your award to promote the grant program.

Signature and Submission Instructions

Submission: Mail this application and any supporting documentation to: ALWF Foundation or email to: info@alwfumf.org.

Authorized Signature: _____ Date: _____