

**GRANT APPLICATION FOR CENTRAL PA CONFERENCE  
HEALTH RELATED MINISTRIES FUNDS**

for

**Congregations, Networks, and Conference Affiliated Agencies**

*Requests for the Year 2009*

**Deadline: February 27, 2009**

**ALL APPLICATIONS SUBMITTED 100% COMPLETED WILL BE CONSIDERED BY THE  
CONGREGATIONAL HEALTH MINISTRIES TEAM.  
INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

1. Congregation, Network or Affiliated Agency making request: \_\_\_\_\_  
\_\_\_\_\_

2. Name, Address and Phone Number of Person completing this application: \_\_\_\_\_  
\_\_\_\_\_

3. If a Congregation: Name, Address and Phone Number of Pastor: \_\_\_\_\_  
\_\_\_\_\_

4. What community(ies) does your organization serve? \_\_\_\_\_  
\_\_\_\_\_

5. Describe the purpose/outcome of the funds for which you are applying:  
*PROVIDE AS AN ATTACHMENT*

6. How do you plan to achieve this (these) purposes/outcomes(s)?  
*PROVIDE AS AN ATTACHMENT*

7. Amount Requested: \_\_\_\_\_

8. Attach a copy of your congregation's financial statement for its recently completed fiscal year AND  
your proposed budget for the funds you are requesting.  
*PROVIDE AS ATTACHMENTS*

9. Attach the percentage of Shares of Ministry paid to the CPC within the last 3 years. Indicate the  
PERCENTAGE of your Shares of Ministry your church has paid.

Year \_\_\_\_\_ % \_\_\_\_\_      Year \_\_\_\_\_ % \_\_\_\_\_      Year \_\_\_\_\_ % \_\_\_\_\_

**COMPLETE THE SECTION BELOW IF YOU ARE A CONFERENCE AFFILIATED AGENCY  
OTHER THAN A CONGREGATION OR NETWORK:**

1. Official Name of Organization: \_\_\_\_\_

2. When and Where Created: \_\_\_\_\_

3. Fiscal Year of Organization: \_\_\_\_\_

4. Address To Which Correspondence Should Be Mailed: \_\_\_\_\_  
\_\_\_\_\_

5. Telephone No. \_\_\_\_\_

6. Federal Employer Identification Number (EIN): \_\_\_\_\_

7. Have Federal and PA Government Agencies determined that your organization is tax-exempted?  
YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, attach copy(ies) of exemption letters to this application.

8. List all Officers, Directors, Trustees and Officials in charge of overall management of your organization: (Include names, addresses and titles).

*PROVIDE AS AN ATTACHMENT*

9. Attach a copy of your organizations' financial statement for its recently completed fiscal year, AND your proposed budget for the funds you are requesting.

*PROVIDE AS ATTACHMENTS*

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Ten (10) Copies of entire Grant Application and Supporting Documents must be sent to:  
**Director of Connectional Ministries**  
**Central Pennsylvania Conference**  
**The United Methodist Church**  
**PO Box 2053**  
**Mechanicsburg, PA 17055**

**TEN (10) COPIES MUST BE SUBMITTED  
OR THE COMMITTEE WILL NOT REVIEW THE APPLICATION**

**GRANTS MUST BE RECEIVED BY THE DIRECTOR OF CONNECTIONAL MINISTRIES AT  
CPC BY 10:00 AM ON SEPTEMBER 1, 2008 OR IT WILL NOT BE REVIEWED.**

**ALL APPLICANTS AWARDED CPC GRANTS**

**All applicants awarded grants must provide a one page summary highlighting the important aspects of the implementation of the ministry for which grant monies were approved. This one page summary is to be sent to Council Director at the above address. A summary must be received by the Council Director prior to April 1 of the year subsequent to when the grant monies were received.**