

**METROPOLITAN UNITED WOMEN IN FAITH FUNDING APPLICATION**

**APPLICANT INFORMATION**

Name \_\_\_\_\_

Organization: \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**CONTACT INFORMATION (If different than applicant)**

Name \_\_\_\_\_

Organization: \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**PROJECT TITLE** \_\_\_\_\_

When will the project take place? \_\_\_\_\_

Where will the project take place? \_\_\_\_\_

Amount requested from Metropolitan United Women in Faith \_\_\_\_\_

Estimated number of people served:

Children (0 – 17 years) \_\_\_\_\_

Women (18 years +) \_\_\_\_\_

**PROJECT SUMMARY**

Goals and Objectives (500 characters maximum)

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\_\_\_\_\_  
\_\_\_\_\_

Who is the targeted audience for this project? (100 characters maximum)

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What is the cost of participation for attendees (if any)?

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How does the proposed project provide benefit and contribute to the cultural (spiritual) vitality of the Metropolitan United Methodist Church community as a whole? (500 characters maximum)

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Please describe the qualifications of key personnel and/or organizations involved in leading this project/activity (500 characters maximum)

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How are you planning to promote this project to the community and your target audience? (500 characters maximum)

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How do you plan to evaluate the effectiveness of this project/activity? (500 characters maximum)

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**BUDGET**

**Projected Expenses**

Salaries/stipends \_\_\_\_\_

Space rental \_\_\_\_\_

Marketing promotional material \_\_\_\_\_

Supplies \_\_\_\_\_

Other expenses \_\_\_\_\_

**Total Projected Expenses** \_\_\_\_\_

**Projected Income**

In-kind Donations – Please list any in-kind gifts/services that you anticipate receiving for this project (loaned space, donated materials, staff, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Amount requested from Metropolitan United Women in Faith \_\_\_\_\_

Additional income needed \_\_\_\_\_

**Total projected income** \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**Return to:** Kristine Miranne, Treasurer

Email an electronic copy to: [kristine.miranne1921@gmail.com](mailto:kristine.miranne1921@gmail.com)

**DEADLINE: 5 PM, March 11, 2024**