



Feeding hope. Changing lives.

# TRANSFORMING COMMUNITIES GRANT APPLICATION

## SECTION 1: CONGREGATION INFORMATION

Congregation Name	
Mailing Address	
Congregational Address (if different)	
Website	
Registered Charity #	
Applying in collaboration with other organizations to deliver the program?	<input type="checkbox"/> No <input type="checkbox"/> Yes, names of partners and roles (max 200 words):

## SECTION 2: LEAD APPLICANT INFORMATION

Who should we contact with any questions about your application?

Your Name	
Role in Congregation	
Email	
Phone Number	

### SECTION 3: PROGRAM INFORMATION

Program Name	
Program Summary (one sentence)	

Which statement best describes the impact this grant would have on your program?

- This grant primarily would help to *stabilize* an existing project.
- This grant primarily would help to *expand the reach* of an existing project.
- This grant primarily would help to *launch a new* project.

#### PROGRAM DESCRIPTION

Describe the population(s) you aim to assist.

What opportunity or problem are you addressing?

What are the program **outputs** (e.g., # of meals, client visits, etc., in a week or month)?

What **outcomes** are you aiming for - what will qualitatively change in your neighbourhood, your church, and the people who access your services? (These are never numbers.)

What will indicate you are achieving your desired outcomes - how will you gauge success?

**PROGRAM OPERATIONS (IF KNOWN AT THIS STAGE)**

Days:	
Times:	
Other important information:	

What other groups have you engaged with in designing or delivering your program?

How do people accessing your program have a role in planning, delivering, and reviewing your program?

How does your program fit into the practices and rhythms of your whole church? How does it bring guests into mutuality with parishioners? (Please be advised that pastoral/leadership support is required. See Appendix A for the sample letter of support).

Are there organizational capacity or technical issues you would like UGM to assist with?

- |   |  |
|---|--|
| <input type="checkbox"/> No, thank you                                | <input type="checkbox"/> Program evaluation                  |
| <input type="checkbox"/> Neighbourhood analysis and assessment        | <input type="checkbox"/> Volunteer recruitment and retention |
| <input type="checkbox"/> Community and/or service provider networking | <input type="checkbox"/> Policy development                  |
| <input type="checkbox"/> Recommended resources for staff & volunteers | <input type="checkbox"/> Fundraising basics                  |
| <input type="checkbox"/> Program development or re-design             | <input type="checkbox"/> Other:                              |

**If there is any supplementary material you would like reviewers to see, please attach it when emailing this application form.**



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## SECTION 4: GRANT REQUEST AND PROJECT BUDGET

Amount requested: <input type="checkbox"/> Small Grant up to \$2,500 <input type="checkbox"/> Capacity Grant up to \$10,000 <input type="checkbox"/> Growth Grant up to \$20,000	\$
Will your program proceed if you are awarded a smaller grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Project Budget - See Excel Template

All budget items must be program related and **must be incurred within 12 months** of being awarded the grant. Please ensure that your budget accounts for the full amount of the grant that you have requested.

**Eligible Expenditures** include, but aren't necessarily limited to:

- Administration costs
- Costs of *program* space: lease/rent, utilities, janitorial and sanitation
- Disability support for staff
- Equipment purchase/rental/lease/maintenance
- Food, materials, and supplies
- Printing and communication
- Professional fees
- Program-specific training and professional development
- Renovations to create or improve program space
- Wages and benefits

### Ineligible Expenditures:

- Expenses of your congregation beyond the program
- Purchase of real property (land or buildings)
- Activities that take place outside of the Metro Vancouver or the Fraser Valley

**Note** that funds received through this program cannot be used to generate a profit or an income in excess of program expenses for your congregation.

## SECTION 5: AUTHORIZATION & DECLARATIONS

By completing this section, the applicant confirms that the Recipient Congregation is a registered Canadian charity and is supportive of this grant application.

- In checking this box, you declare your interest in submitting this application for consideration under the Transforming Communities Grants. You confirm that the information provided in this application is accurate, and that it may be shared with Union Gospel Mission Review Committee.
- In checking this box, you confirm that this program and budget as submitted have been approved (at least provisionally upon getting this grant) by your congregation's Council or by whichever means is required by your bylaws.
- In checking this box, you confirm that you have appropriate signing authority to submit this proposal on behalf of your congregation.
- In checking this box, this program has the support of the leadership of the church including the Senior/Lead Pastor (if applicable) or the Board (if applicable).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name