**First United Methodist Church of Neenah-Menasha**

**108 West Doty Ave., Neenah, WI 54956**

***The purpose of the Dora M. Hansen Charitable Trust Grant is to make possible programs that would not be achieved under the normal budget of the church, and to support “benevolent, missionary, temperance, scientific, literary or educational purposes” as defined in the will of Dora M. Hansen. The funds are not to be used in any way that might relieve the congregation of normal operating or benevolent obligations. Please review all Trust guidelines to ensure your organization is qualified to apply.***

**Guidelines**

1. Grants may be made on a yearly basis, with annual review and potential for extensions. If a commitment is made for more than one year, it will be reviewed annually to determine if original objectives are being met to justify continuation. Grant deadline is **January 31** each year, after which the Committee will review applications at their subsequent meeting and notify all candidates by March 15.
2. In addition to meeting the directives of the Hansen will, the funds are to be used to further the Kingdom of Christ in our local church, or community, our state, our nation, and the world.
3. Grants will normally be specific projects or activities, rather than non-specific gifts to general fund or board.
4. Highest priority activities or projects are those that support or are directly related to the goals of First United Methodist Church (FUMC), involving membership and the community in outreach programs in a way that strengthen the church and its members.
5. Scholarships: Up to one fourth of the total of available income per year may be used for scholarships for students enrolled in studies in preparation for Christian vocations. Payment will be made directly to the accredited institution of higher education.
	1. Scholarship are available on a year-to-year basis.
	2. First consideration will be given to students affiliated with FUMC of Neenah-Menasha.
	3. Grants will be considered only for tuition and books.
	4. The committee will consider grants up to no more than 50% of the total tuition. The following must be included with application:
		1. Proof of acceptance in an accredited college, university or technical school.
		2. Letters of recommendation from three sources; school, work, and church.
		3. A complete financial statement, including other grants, scholarships or loans. Family’s ability to contribute as well as student’s contributions from work or other income should be included.
6. Applicants may be invited to appear in person before the Committee as part of the application process.
7. Reporting Requirements:
	1. Organization recipients must submit a final report to the Dora Hansen Trust Committee no later than 60 days from the end of your project/program.
	2. Scholarship recipients will be required to make a yearly report to the Dora Hansen Trust Committee prior to consideration for further funding. Reporting information should include courses completed, involvement in school and/or community activities, grade point average and future goals.
8. Grant money that is awarded must be withdrawn within the same calendar year as approved (December 31). Money not withdrawn in the same calendar year will be forfeited, unless otherwise noted in the grant approval letter. If this occurs, grant applicants are invited to reapply the following year.

**Organization Cover Page**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grant Request $\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Select One Issue Area**

**\_\_\_\_\_ Mission Outreach: Examples include local, national and international projects (Habitat for Humanity, food**

 **banks, FUMC missions)**

**\_\_\_\_\_ Nurture: (Education, lay leadership development, stewardship, classes, camping)**

**\_\_\_\_\_ Youth: Christian programs for youth ages 3-17**

**\_\_\_\_\_ Staff Support:**

**Organizations complete this section**

**Project / Program Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Budget $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grant Request $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Needed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year established\_\_\_\_\_\_\_\_\_\_\_**

**We are a 501(c)3 \_\_\_\_\_Yes \_\_\_\_\_ No EIN number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grant Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_**

**Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Organization Chief Executive \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Organization Applicants**

All organization applicants, answer the following questions in a maximum of five pages, single-spaced, 11 point font or larger, ½ inch margins.

The committee may request further information or ask you to attend a committee meeting to clarify your request.

1. Briefly describe your organization’s mission.
2. Describe your grant request in 2-3 sentences.
3. Give a description and state the purpose of the project/program.
	* Explain what community need your project/program addresses
	* Who is your intended target audience, and include the number of people who will benefit from your project/program
	* Identify where the project/program will take place
	* Explain how your request relates to the purpose of the Dora M. Hansen Trust
4. List the project/program goals and objectives. Be as specific as possible.
	* Explain how success will be measured
	* Include outcome measurements, if available
5. Provide a timeline of activities from beginning to completion of your project/program.
6. You must submit a final report to the Dora M. Hansen Trust committee no later than 60 days from the end of your project/program.
7. Budget
	* Use attached budget sheet
	* Give a narrative of each revenue and expense line item
	* Revenue and expense totals must equal

**Organization Applicants**

**Project/Program Budget**

|  |  |  |  |
| --- | --- | --- | --- |
| Revenue | Proposed/Pending | Approved/Received | Total |
|  |  |  |  |
| Individual Contributions |  |  |  |
| Corporations |  |  |  |
| Foundations |  |  |  |
| United Way |  |  |  |
| Government – Grants/Fees for Service |  |  |  |
| Membership Dues |  |  |  |
| Service Fees |  |  |  |
| Other: |  |  |  |
| In-Kind Donations\* |  |  |  |
|  |  |  |  |
| TOTAL REVENUE |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Expenses | Proposed/Pending | Approved/Received | Total |
|  |  |  |  |
| Individual Contributions |  |  |  |
| Salaries |  |  |  |
| Benefits |  |  |  |
| Payroll Taxes |  |  |  |
| Program Supplies |  |  |  |
| Office Supplies |  |  |  |
| Program Facility |  |  |  |
| Telephone |  |  |  |
| Mileage to deliver program |  |  |  |
| Printing |  |  |  |
| Postage/Shipping |  |  |  |
| Other: |  |  |  |
| In-Kind Donations\* |  |  |  |
|  |  |  |  |
| TOTAL EXPENSES |  |  |  |

\*In-Kind revenue and expenses must equal.

Total Revenue and Total Expenses must equal.

**Higher Education Scholarship Cover Page**

**Higher education scholarship applicants complete this section**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grant Request $\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Budget $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grant Request $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Needed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Member of First United Methodist Church Neenah-Menasha \_\_\_\_Yes \_\_\_\_No**

**If no, are you a member of another United Methodist Church? \_\_\_\_Yes \_\_\_\_No**

**If yes, Name of church \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_**

**Pastor Name(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Higher Education Scholarship Applicants**

**Higher education scholarship applicants answer these questions**

All higher education scholarship applicants, answer the following questions in a maximum of three pages, single-spaced, 11 point font or larger, ½ inch margins.

The committee may request further information or ask you to attend a committee meeting to clarify your request.

1. Briefly describe your personal goals.
2. Describe, in detail, why you have selected your major, and your plans for how you will use your education in a Christian vocation.
3. Provide a list of your community activities and their impact.
4. Attach a copy of proof of acceptance in an accredited college, university or technical school.
5. Attach three letters of recommendation, (e.g. instructor, employer, church pastor, etc.)
6. Budget
	* Use attached budget sheet
	* Give a narrative of each revenue and expense line item
	* Revenue and expense totals must equal

**Scholarship Applicants**

**Higher Education Scholarship Budget**

|  |  |  |  |
| --- | --- | --- | --- |
| Revenue | Proposed/Pending | Approved/Received | Total |
|  |  |  |  |
| Employment |  |  |  |
| Family |  |  |  |
| Student Loans |  |  |  |
| Other Scholarships |  |  |  |
| Grants |  |  |  |
| Financial Aid |  |  |  |
| Other: |  |  |  |
|  |  |  |  |
|  |  |  |  |
| TOTAL REVENUE |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Expenses | Proposed/Pending | Approved/Received | Total |
|  |  |  |  |
| Tuition |  |  |  |
| Books |  |  |  |
| Housing/Rent |  |  |  |
| Food |  |  |  |
| Loan Payment |  |  |  |
| Computer and/or other equipment |  |  |  |
| Fees |  |  |  |
| School Supplies |  |  |  |
| Cell Phone |  |  |  |
| House Supplies |  |  |  |
| Clothing |  |  |  |
| Other (list): |  |  |  |
|  |  |  |  |
|  |  |  |  |
| TOTAL EXPENSES |  |  |  |

Total Revenue and Total Expenses must equal.

The Dora Hansen Trust Fund only pays for tuition and/or books.