

Holston Conference of The United Methodist Church

HIV/AIDS Grant Program Guidelines and Application Form



According to the Centers for Disease Control and Prevention (2009) over one half million people have died of AIDS in America. More than one million people in the US are living with HIV and AIDS. Nearly a fifth of these persons are unaware they are infected. Despite America's response to this pandemic disease, approximately 56,000 Americans are infected with HIV every year.

Guidelines

1. The application should propose work in one or more of the following activities:
 - **Promoting HIV/AIDS Awareness and Prevention**
 - **Care for persons with HIV/AIDS**
 - **Support for families and friends of persons with HIV/AIDS**
2. Application deadline is September 1 each year. Recipients will be notified by mail by November 1.
3. Preference will be given (but is not limited) to United Methodist churches and Methodist-related organizations. United Methodist Churches and agencies must submit the signature of their District Superintendents and pastor. If the ministry includes children and/or youth, a current Safe Sanctuary Policy must also be submitted.
4. With your application, please submit three letters of support for this project/program, such as letters from constituents, partnering organizations, elected officials, or others who support this project/program. United Methodist churches and Methodist-related organizations are requested to include a letter from their district superintendent as one of the three letters.
5. It is likely that grants will not exceed \$5,000. Applicants are discouraged from requesting a higher grant amount.
6. Mail the application and all materials to:

**Office of Connectional Ministries
Holston Conference
of The United Methodist Church**
PO Box 850
Alcoa, TN 37701-0850

PLEASE PRINT CLEARLY

Church/Organization:

District _____

Mailing Address _____

City/State/Zip _____

Name of Project:

Contact Name & Title

Phone _____

E-Mail _____

Amount Requested _____

Holston Conference of The United Methodist Church HIV/AIDS Grant Application

Contact Form and General Information

Date Submitted:

APPLICATION DEADLINE: September 1

Is this a **new** or **existing** ministry? (Circle one)

If this is a new ministry, what is the proposed beginning date? _____

Is this planned to be a **short-term** or **on-going** ministry? (Circle one)

Does this ministry include children and/or youth? _____ If yes, please submit a current Safe Sanctuary Policy.

Applicants should propose work in one or more of the following activities:

- Promoting HIV/AIDS Awareness and Prevention
- Care for persons with HIV/AIDS
- Support for families and friends of persons with HIV/AIDS

Safe Sanctuaries Policy: For United Methodist Churches and agencies:

Please attach a copy of your current Safe Sanctuaries policy. Failure to furnish a current policy (updated within the last year) will disqualify the application.

Our Safe Sanctuary policy was last reviewed/updated on _____. (Date)

Signed _____

Pastor

Signed _____

Applicant/Contact

Signed _____

District Superintendent

Office Use *Date Received* _____

Safe Sanctuary Policy Updated _____

Please answer the following questions on a separate sheet.

1. Name and address of organization making request. If the organization is known or acts under multiple names, please identify all of them and an official name, if any. Please provide the organizations' employer identification number, if any.
2. Are you receiving funding from any other source or have you received a pledge for matching funds? Please identify any such funding sources and the terms for providing matching funds. Matching funds are viewed positively.
3. A one- to two-page description of the project including :
 - a. Your organization's mission statement and how the proposed project fits with that mission.
 - b. The project design/plan of action (brief description of the steps your organization will take to address the problem or need).
 - c. Identify the goals of this project or program and state any methods of evaluation you intend to employ to assess your degree of success in achieving those goals. Project goals and the measurable objectives to be taken to achieve those goals.
 - d. The proposed timeline.
4. Attach a detailed budget proposal identifying all expected income, personnel costs, equipment and supply costs, and operational costs.
5. Is this project or program currently in operation? If so, for how long?
6. Does your organization have tax exempt status? If it is not a United Methodist or other nationally organized church, please provide a copy of your organization's IRS letter recognizing your tax status, if the organization is tax exempt.
7. If your organization is incorporated, please provide a current copy of your articles of incorporation. If your organization has bylaws or other governing documents, please provide a copy of them.
8. Please provide a list identifying by name and address the officers and directors of your organization, if any.
9. If you believe that other information than what has already been provided is pertinent to an understanding of your program or project or helpful in assessing whether it should be funded under this grant program, please provide that information here.

Thank you for your desire to be in mission with those affected by HIV/AIDS. Your request will be objectively and prayerfully considered. Please understand that even if you receive an award, it may not be for the full amount requested. Questions about the application instructions may be directed to the Office of Connectional Ministries.