

**Annual Conference Mission Offering**  
***Holston Helping Holston in***  
***East Knoxville TN***  
**Grant Application**  
***Grant Information and Guidelines***

- Grants are available to support new and existing ministries addressing East Knoxville Tennessee area.
- Program grants are not for capital improvements; they are for program support only.
- Holston Conference churches and related United Methodist agencies are eligible to apply for these funds.
- No program grant will be made where the grant funds constitute more than 2/3 of the total program cost.
- **Priority consideration will be given to applications for ministries building ongoing relationships with families in the East Knoxville Tennessee area.**
- Funds will be granted as they are available. Application deadlines are:  
**November 1, 2021 and April 1, 2022**
- **All applications must be filed on the approved Program Grant Application Form with all required signatures. Attach additional sheets as needed.**
- All Application Forms should be requested from and returned to Holston Helping Holston, Holston Conference of the UMC, P.O. Box 850, Alcoa, TN 37701-0850, by the above-mentioned deadlines. The application may also be found on the Conference website under Grants.
- If a grant is awarded, ***a written summary report is required to be returned within a year of receiving the grant.*** The evaluation form will be included with your award. Failure to complete the summary report will disqualify any future grant applications.

***Return application to:***  
***Holston Helping Holston***  
***In East Knoxville TN***

Holston Conference Center  
P. O. Box 850  
Alcoa, TN 37701-0850

FAX: 865/690-3162

Phone: 866/690-4080

E-Mail: [charlotteriggins@holston..org](mailto:charlotteriggins@holston..org)

*Holston Helping Holston East*  
*Knoxville Tennessee*  
**Grant Application**

**Contact Form and General Information**

PLEASE PRINT CLEARLY

District \_\_\_\_\_

Church/Missional Hub \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Contact Name/Position \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

**Name of Project** \_\_\_\_\_

**Amount Requested** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

Is this a new or existing ministry?  New  Existing

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

Is this planned to be a short-term or on-going ministry?  Short-term  On-going

**Type of ministry to be funded by this grant:**

Please select the **primary** area through which the funding will be applied.

- Basic needs (food, clothing, etc.)
- Resource Development
- Christian Education to Reduce Stigma
- Community Outreach (takes place off church property)
- Family Engagement and Support
- Mental Health First Aid Training
- Transportation Ministry
- Other - please describe \_\_\_\_\_

**Applicants should seek to do one or more of the following:**

- Develop ministries at the local level that support families.
- See all people as participants in ministry as well as recipients of ministry.
- Reflect on where and in what ways God is leading you to love your neighbors as yourself.

**Please answer the following questions on a separate sheet.**

1. Describe the ministry to be funded by this grant and how it will address one or more of the above needs.
2. Why is this grant necessary for addressing this need?
3. What other resources have been explored within and outside of the local church budget to meet this need?
4. How does this proposed ministry express the Gospel in responding to the needs of families or individuals affected by the opioid crisis?
5. How will the people in your congregation participate in this ministry?
6. How will the churches in your missional hub participate and support one another in this ministry?

**Financial Profile of the ministry for which funds are requested:**

➡ **Important:** Attach a detailed copy of the Projected Budget for this ministry, *including all sources of income.*

➡ **Reminder:** No program grant will be made where the grant funds constitute more than 2/3 of the total program cost.

Signed \_\_\_\_\_  
*Pastor*

Signed \_\_\_\_\_  
*Applicant/Contact*

Signed \_\_\_\_\_  
*District Superintendent*

<i>Office Use Only</i>	
<i>Date Received</i> _____	<i>Date Awarded</i> _____
<i>Amount of Grant</i> _____	<i>Signed</i> _____