**Due electronically to outreach@umcvista.org by August 15th.**

United Methodist Church of Vista Outreach Grant Request

(made possible by UMC of Vista Cable Foundation)

**UMCV Shepherd Guidelines and Request**

To be completed and presented to assigned Ministry Area

The United Methodist Church of Vista

Outreach Program

490 S. Melrose Drive

Vista CA 92081

[UMCVista@UMCVista.org](mailto:UMCVista@UMCVista.org)

760-726-0442

# General Guidelines

*The United Methodist Church has a statement of social principles. All funding requests are reviewed for alignment with those principles. You can find the UMC Social Principles online at umc.org/what-we-believe/social-principles-social-creed.*

1. Please read through the entire application. If there are any areas that seem confusing or incomplete please be certain to ask questions to satisfy yourself.
2. Since we are asking the organizations if they meet the United Methodist Church Social Principles you may want to be certain that you are familiar with what those principles are by looking *online at www.umc.org/what-we-believe/social- principles-social-creed.*
3. When completing this form please be as thorough as possible. The information on this form, along with the full organization application, will inform the Church Council in determining funding awards.
4. Please submit this form electronically to outreach@umcvista.org.
5. If, after contacting the organization, you do not feel the organization or project should proceed in the funding process please contact Beth Brainerd Hallock.

\*\*If you have any questions during the process please contact Beth Brainerd Hallock at 760-458-8571.\*\*

# Shepherd Information

Shepherd Name(s): Click here to enter text.

Contact Person: Click here to enter text. Phone: Click here to enter text.

# Applicant Information

Organization: Click here to enter text.

Director of Organization: Click here to enter text.

Telephone: Click here to enter text.

Email: Click here to enter text. Website: Click here to enter text.

# General Information

How did you communicate with the contact person for the organization?

In person 🞏

Phone 🞏

Electronic device 🞏

Other: Click here to enter text.

# Organization and Project Information

Did you have the opportunity to do a site visit? What was your impression of the site and the personnel there? Click here to enter text.

If the organization is international have you visited and read through the website? What was your impression of the site and the personnel involved?

Click here to enter text.

Were you satisfied the project meets the Social Principles of the United Methodist Church? Click here to enter text.

How or why did this project appeal to you? Click here to enter text.

Are there opportunities for the Church Congregation to be involved in this project whether the application for funding is approved or not?

If yes, please explain how: Click here to enter text.

How do you see this program changing lives? Click here to enter text.

How do you feel that this organization meets the Social Principles of the United Methodist Church?

Click here to enter text.

Based upon your interaction/interview did this organization meet your expectations? Please explain in detail your response.

Click here to enter text.

Was there anything you learned about this organization that “surprised” you? Please explain in detail your response.

Click here to enter text.

What else, besides money, would help this organization in their purpose?

* Volunteer needs

🞏 Supply needs

🞏 Other. Please explain: Click here to enter text.

Has the organization received other resources from UMC of Vista in the past three (3) years? (i.e., facility use, in-kind collections, volunteer hours) If so, please list those resources.

Click here to enter text.

Amount of Funding Recommended: Click here to enter text.

If the amount recommended is different from the requested amount please briefly explain: Click here to enter text.

I/We hereby recommend this organization and project be forwarded to the UMC of Vista Church Council for further review.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach to this form:

* Any additional information you deem pertinent to the application. \*\*Please note lengthy photographs or other marketing materials will not be forwarded to Church Council Members.