**UMCOR COVID-19 Rapid Response Grant Application**

**Part I: Applicant Information**

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| **Project Title** |  | |
| **Amount Requested**  ($20,000 max) |  | |
| **Project Duration**  (3 months max) |  | |
| **Project Location**  (County, State/Province, Country) |  | |
| **Project Area** | Health  Food Assistance  Economic Stability  Water, Sanitation, and Hygiene (WASH)  Other Covid-19 Related Activities | |
| **Implementing Organization** | Name |  |
| Address |  |
| Phone |  |
| **Contact Person** | Name |  |
| Title |  |
| Phone |  |
| Email |  |
| Skype |  |
| **Type of organization** | UMC Local Church  UMC Annual Conference  National Methodist Church  Other Methodist affiliation (describe in 10 words or less):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Describe the community the project seeks to assist and why it is considered vulnerable in this context.**  (25 words or less) |  | |
| **Has this organization received an UMCOR or Global Ministries grant in the past?** | Yes  No | |

**Part II: About Your Project**

1. **How will this project fill a gap created by the coronavirus pandemic?** (50 words or less)

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1. **Estimate how many people the project intends to reach and how they will be selected. How will the project reach the most vulnerable in the community without discrimination or bias?**(50 words or less)

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1. **After the project is over, what will indicate that the project was a success?** (50 words or less)

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1. **What measures will be taken to mitigate the spread of coronavirus in the way the project is implemented?** (50 words or less)

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1. **Describe how the organization is embedded in the community and what partnerships already exist for this program to be successful?**  (50 words or less)

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1. **Please use the table to list how the emergency grant will be used. This can be an estimate. Examples: basic need items, food, clothing, water, travel. Please be as specific as possible.**

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| **Line** | **Objective** | **Item** | **Price per unit** | **Quantity #** | **Description** | **Expense** | **People Reached** |
| Example | *Food Assistance* | *Groceries* | *$ 40.00* | *50* | *Groceries for 25 households delivered 2x* | *$ 2,000.00* | *70* |
| 1 | Choose an item. |  | $ - | 0 |  | $ - |  |
| 2 | Choose an item. |  | $ - | 0 |  | $ - |  |
| 3 | Choose an item. |  | $ - | 0 |  | $ - |  |
| 4 | Choose an item. |  | $ - | 0 |  | $ - |  |
| 5 | Choose an item. |  | $ - | 0 |  | $ - |  |
| 6 | Choose an item. |  | $ - | 0 |  | $ - |  |
| 7 | Choose an item. |  | $ - | 0 |  | $ - |  |
| 8 | Choose an item. |  | $ - | 0 |  | $ - |  |
| 9 | Choose an item. |  | $ - | 0 |  | $ - |  |
| 10 | Choose an item. |  | $ - | 0 |  | $ - |  |
|  |  |  |  |  | **Total Amount Requested** | $ - |  |