**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** |  $ -  |  |