



General Commission on Religion and Race
of THE UNITED METHODIST CHURCH

GENERAL COMMISSION ON RELIGION AND RACE

THE UNITED METHODIST CHURCH

100 Maryland Avenue, N.E., Suite 400, Washington D.C. 20002-5620

CORR ACTION FUND

(funded by the Minority Group Self-Determination Fund)

APPLICATION for ACTION/ADVOCACY PROGRAMS (Due June 30, 2010)

For support of non-profit and local church action/advocacy groups in their efforts to provide services that advocate for human dignity, compassion and inclusiveness of racial/ethnic groups and/or assure rights of racial/ethnic groups, immigrants and refugees.

Amount Requested: (Maximum Award: \$40,000) \$ _____

1. Name of Program:

Name of the Organization:

Address:

Telephone:

E-mail:

Website:

2. Key Contacts at the Program:

A. Name of Director/Head Staff Person:

Ethnicity:

Address:

Home Phone:

Office Phone:

E-mail:

B. Name of Treasurer:

Ethnicity:

Address:

Home Phone:

Office Phone:

E-mail:

If your proposal is approved, prior to the release of any funds, the program's treasurer must be bonded by a fidelity or integrity bond equal to or greater than the amount granted.

C. Name of Chairperson:

Ethnicity:

Address:

Home Phone:

Office Phone:

E-mail:

3. Information about the Organization:

A. With which racial/ethnic group(s) does your organization/local church work?

B. What geographic area(s) does your organization/local church serve?

Where are you most active?

C. What is the size of your constituency?

D. What is the Mission of the organization/local church:

E. Briefly describe core programs of the organization/local church.

F. How many staff does the organization/local church have?

G. How many volunteers are active in leadership and service roles in your organization/local church?

4. Description of the program/project:

A. Name of program/project:

B. Briefly describe the project for which you are seeking funding.

C. How do your project's goals relate to the work of The General Commission on Religion and Race and its purpose and mission? (Information on our purpose and mission can be found on our website at www.gcorr.org)

D. How will your organization/local church address the priority of providing sanctuary and assuring rights for racial/ethnic groups, immigrants and refugees? Please describe.

E. Name of key contact person for this proposed program/project

Ethnicity:

Address:

Home Phone:

Office Phone:

E-mail:

F. If this is a continuation of PAST work, please list the results for the project during the past 12 months. (Please provide numbers and statistics to help us understand results)

G. What FUTURE specific measurable results are you expecting to achieve?

**Complete and attach a Logic Model using the format enclosed. Use your Results/Outputs column information to help you answer the following:*

a. GCORR will require a progress report six months after you receive funding. What do you expect will be your Results/Outputs in the first 5 months of receiving funding?

b. What will be your Results/Outputs in the final 7 months? (For example your Results/Outputs might be: # issues of newsletter will be distributed to #### people; or, 1 annual meeting attended by ### people.)

H. Given your expected Outcomes, how you will evaluate this project?

How will you measure Outcomes?

Who is responsible for the evaluation?

I. What is the timeline for this project? **Please attach timeline.*

J. How will this project strengthen your organization/local church?

K. For this project, with which organizations within The UMC are you collaborating?

With which organizations or groups outside The UMC are you collaborating?

5. Financial Information

A. What is the current total budget of your organization/local church? \$ _____

**Please attach the itemized budget showing expenditures and sources of income.*

B. Budget(s) for program for which funding is requested.

**Please attach budgets showing expenses and sources of revenue for the Program for which funds are being requested.*

C. From what other sources are you seeking funds for the proposed programs?

Source of Funding	Amount	Date Requested	Response
	\$		
	\$		
	\$		
	\$		

D. When will the 2009 audit for your organization/local church be available?

**If it is available now, please enclose it.*

E. What non-monetary support will be provided for the proposed program?

By the organization/local church:

By others (please specify):

6. Governance

A. How many times did your Governing Board meet in the past year?

B. The average number of Board Members in attendance at these meetings was

C. **Please attach a list of the members of the Governing Board for the.*

For each please list their name, their address, country, phone number, e-mail, and their ethnicity using the following:

- A=Asian H=Hispanic PI=Pacific Islander
- B=Black NA=Native American W=White

D. **If there are committees for the program proposed, please also provide the lists of those committee members including the information in C above.*

Signature of Applicant (Chairperson/President of Governing Board)

Date

Please submit your application (original and five complete copies) to our address above: (please note that emailed, faxed or scanned copies are not accepted). Applications received in our office that are postmarked after June 30, 2010 will not be considered for funding.