

**2019
Golden Cross
Foundation
And
ENCORE Ministries**

**Grant Guidelines and
Application Packet**

For

Older Adult Ministries

In The

**Tennessee Conference
United Methodist Church**

For Additional Information Contact:

**Kent McNish, Executive Director
Golden Cross Foundation
304 South Perimeter Park Drive, Suite 9
Nashville, TN 37211
Fax: 615-871-8111**

Email: kmcnish@goldencrossfoundation.org

The Criteria

1. The ministry (program/project) must contribute directly to the mission and ministries of making disciples of Jesus Christ and must be consistent with the doctrine and social principles of the United Methodist Book of Discipline.
2. The ministry should focus on developing intentional, innovative, and creative ministries by, with and for older adults.
3. The Golden Cross Foundation is affiliated with the Tennessee Conference of the United Methodist Church. Grant are made to United Methodist churches, United Methodist agencies and affiliated organizations, and those not-for-profit organizations which grew out of a United Methodist church or agency, or have a current connection to a United Methodist church, or agency. On rare occasions the Board of the Golden Cross Foundation reserves the right to consider grant applications from organizations not affiliated with the United Methodist Church, but who serve United Methodists along with other constituencies, or in the opinion of the Board can serve as an innovative model for future ministries of United Methodist Churches or agencies.
4. Generally ministries funded will have the following characteristics:
 - address root causes of critical issues related to older adults;
 - include a process for local churches (or districts or other entities) to listen, discern, and respond to the issues and concerns of older adults;
 - enhance the spiritual faith development of older adults;
 - demonstrate significant involvement of older adults in decision-making, development, and implementation of the program/project;
 - be culturally sensitive and inclusive in all aspects of the program/project;
 - demonstrate a commitment from other funding partners for ongoing support
5. Generally grants are awarded as 50% matching grants.
6. Grants will be awarded on a one-year basis. Churches or groups may reapply for grants of innovative new ministries, up to a total of three years, provided that the program or ministry has a viable and demonstrated plan for ongoing funding after Golden Cross Grants are complete. Special consideration for repeat grants may be given to churches or agencies that serve low income senior adults where a self sustaining income plan is more difficult to achieve. A church or agency may apply for only one grant per year.
7. Funds are not granted for budget deficit reduction or debt reduction.
8. The Golden Cross Foundation Board meets 4 times per year. Due dates are generally 4 weeks prior to the Board Meeting to give the Grants Review Committee time to consider Grant Proposals and if necessary work with the applicant to gather additional information so as to maximize the possibility of a positive outcome. Grant Application deadlines for 2019 are:

February 22, April 19, August 16, and November 15.

6 Grant programs are offered by The Golden Cross Foundation

ENCORE Ministry Grants

- 1. New Older Adult Ministry Program Grants** – Available to United Methodist Churches who do not presently have an active Older Adult Ministry Program and wish to start one. These grants are from \$1000 to \$2500. **There is no match required for the first \$1000**, and a 50% match for additional amounts from \$1001 to \$2500.
- 2. Growing Older Adult Ministry Program Grants** – Available to United Methodist Churches with existing Older Adult Programs who wish to expand or branch out into new areas of ministry and lack the funds to do so. Grants are from \$1000 to \$2500 and are 50% matching grants.

Golden Cross Foundation Grants

- 3. Fred and June Blankenship Grants for Individual Assistance**
Available to United Methodist Churches wishing to assist older adults in their church or community with personal and/or financial needs which neither the church nor the individual can fully fund. Grants are from \$1000 to \$4,000 depending on need and are 50% matching grants.
- 4. Church Retro-Fit Fund Grants**
Available to United Methodist Churches, or Conference/Districts to make their facilities accessible to Older Adults so that they may fully participate in the activities of the church. The maximum amount of these grants is \$10,000 and they are 50% matching grants.
- 5. Older Adult Community Service Grants**
Available to United Methodist Churches, or Conference/Districts and related agencies to do training, empowering or advocacy around Older Adult issues, as well as other grant applications that seek to serve and empower Older Adults in the Tennessee Conference of the United Methodist Church. The usual range of these grants is \$1000 to \$10,000 and are usually 50% matching grants.
- 6. Golden Cross Disaster Relief Grants (separate application)**
Available to United Methodist Churches and Agencies where disaster damage has significantly impacted the Church's ongoing Older Adult Ministry. Go to **www.goldencrossfoundation.org** to download the separate Golden Cross Disaster Relief Grant Application.

Application Question #9

The items below correspond to Question 9 sections A through E and are intended to help the applicant know more fully what the Board is looking for in each section.

A. Stating the Problem/Need

- What are the issues or needs that are being addressed by the church, district, or other TN Conference related entity requesting these funds?
- Have the persons who will benefit from this ministry been involved in the decisions about the proposed ministry?

B. Description of the Ministry

- Please describe in detail the proposed ministry or program for which funds are requested.
- What are the desired outcomes of this ministry?
- What are the steps that must be taken to be successful in this ministry?
- Have there been previous attempts to address the issue/need?
- Is there any other group in your community with a similar program?

C. Budget

- Attach a complete, detailed budget for this ministry or program.
- List Income from all sources, (remembering that Golden Cross Foundation Grants are generally 50% matching grants). Include both cash and in-kind income.
- List all expected expenses.
- If this is an ongoing program or ministry, how will the program be funded after the end of Golden Cross Grant funding?

D. Leadership

- Who are the persons involved in the leadership of the ministry?
- Are a majority of the decision-makers, for this ministry, older adults?

E. Evaluation Plan

- Evaluation lets us know what a ministry looks like in operation, as well as the results it is achieving. How are you going to evaluate this ministry?
 - Who will handle the evaluation?
 - What methods will you use to evaluate?
- ENCORE Ministries requires a written ministry evaluation within twelve (12) months after receiving a grant from the Golden Cross Foundation.

When Your Application is Complete:

Mail completed application form (pages 6-7, including Attachments A-E) to:

**Kent McNish, Executive Director
Golden Cross Foundation
304 South Perimeter Park Drive, Suite 9
Nashville, TN 37211**

Fax: 615-871-8111

Email: kmcnish@goldencrossfoundation.org

If your grant application is approved and funded, you will:

1. Be notified by mail (email and/or phone call) no later than two (2) weeks following the approval of your application.
2. Be asked to sign and return an Agreement Form.
3. Receive a check for the full amount of the grant (unless other specific details are indicated upon grant approval).
4. Be asked to evaluate the program/project within twelve (12) months of receiving the grant award. This evaluation shall include photos of the ministry and at least a 500 word description/summary of the ministry.

Golden Cross Foundation Grant Application 2019

Please indicate for which Grant this application applies:

<input type="checkbox"/> New Older Adult Ministry Grant	<input type="checkbox"/> Fred and June Blankenship
<input type="checkbox"/> Growing OA Ministry Grants	<input type="checkbox"/> Individual Assistance Grant
<input type="checkbox"/> Church Retro Fit Grants	<input type="checkbox"/> OAM Community Service Grant

1. **Date of Application:** _____

(Quarterly Application Due Dates: Feb. 22, April 19, Aug. 16, Nov.15)

2. **Church or Group Applying:** _____

3. **Name of Program or Ministry:** _____

4. **Address of Church or Group:** _____

City: _____ State: _____ Zip: _____

5. **Primary Contact Person:** _____

6. **Contact's phone #:** _____ **E-mailAddress:** _____

7. **Pastor's Name (If Different from Contact)** _____

8. **Pastor's phone #:** _____ **E-mailAddress:** _____

9. **The Attachments:** Please complete each answer (A-E) on one or more additional sheets, and attach to Application (pages 6 & 7) when you submit your application.

A. Issues/Needs Statement:

- Describe the issues/needs you want to address.

B. Description of the Ministry:

- Describe the ministry or program in detail which you propose to meet the needs described above. (What, When, Where, Who and How?)

C. Budget:

- Provide a complete Income and Expense Budget?

D. Leadership Team:

- List each person on your leadership team, noting the total number who are 65 years of age or older.

E. Evaluation Plan:

- How will you know you have accomplished your goals and objectives?
- Who will be on the evaluation team? (*Endorsers of this ministry and members of the leadership team should be included.*)
- Who will be responsible for submitting a written evaluation twelve (12) months after receiving grant funding?

10. Description of Your Congregation by Membership and Attendance:

_____Number of Members _____Average Attendance at Worship

11. Description of Your Congregation by Age:

_____ % of persons 0 – 17 years _____% of persons 18 – 40 years
_____ % of persons 40 – 64 years _____% of persons 65 years and older

12. Description of Your Congregation by Location:

_____ Urban/City _____Suburban
_____ Town/Village _____Rural

13. Total cost of ministry or program for which you are applying: \$ _____
14. Matching amount from the Church or other funds: Minus \$ _____
15. Grant Amount for which you are applying: Equals \$ _____

16. If the group applying for this grant is not a United Methodist Church or Agency:
a) On a separate page describe any connection your organization has to the United Methodist Church.
b) Attach a copy of your 501 (c)(3) determination letter from the IRS.

17. Endorsement Signatures:*(signatures are required before your application can be processed):*

Primary Contact's Signature *Date*

Pastor's Signature (or Chairperson, for non Local Churches) *Date*

Tennessee Conference District: _____

District Superintendent's Signature (or CCOCM Director Signature) *Date*

For Office Use:

Date Application Received: _____

Action and Date by Grants Committee: _____