United Methodist Women Of The Mississippi Conference

> Arlean Hall Mission Grants

Guidelines and Application

Application Deadline April 30, 2024

Only Completed Applications Postmarked Or Emailed By The Due Date Will Be Considered

APPLICATION GUIDELINE

The 2024 Mission Grants are available to any Mississippi United Methodist agency or church to help fulfill its mission. Each applicant must demonstrate a particular project or need for its ministry to be considered for the grant.

CRITERIA:

The grant shall be used for mission projects for women, children, youth, and families.

All recipients must complete and return the Grant Recipient Report by April 30, 2024. Organizations that do not fulfill this requirement will not be considered for any future grants.

APPLICATION:

Mail Applications to

Arlean Hall Mission Grants c/o Kay B. Barksdale 1209 Lyncrest Avenue Jackson, MS 39202

Or Email Applications to

kbbarks10@gmail.com

To ensure receipt of applications send via certified mail with return receipt request or email to Kay B. Barksdale @ above email address for an acknowledgement or receipt. **DO NOT FAX**

AWARDS / RESTRICTIONS:

Grants range from \$500 to \$2,500 per project and will be awarded by August 20th of each year. Grants will be matching grants. Applicants must demonstrate how they will fund the other have or remainder of the project. Funding cannot be used for salaries, stipends, or short term mission trip travel.

2024 ARLEAN MISSION GRANT APPLICATION

Deadline to submit is April 30, 2024

Date:

Project Name		
Person Completing Application	Name	
	Telephone Number	
	Email Address	
Church or Agency	Name	
	Address	
	Mailing Address	
District		
New Ministry Starting Date		
Continuation of Ministry Year Began		
Have you previously received an Arlean Hall Mission Grant for this project?		
If yes, indicate the year(s) and amount(s) of previous grants received.		

Describe the project. Please be specific.

Describe	how	grant	funds	will	he	used	for	this	project	t.
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Estimate project cost	
Explain how you will fund the other half or remainder of the project	
Attach a copy of a detailed budget for grant to be considered	

Amount of Funding Request	S
Amount of other Sources(s) of Funding	\$
Total Project Cost	S

Describe the area whereyourchurch or agency is located.

Please describe your church or agency's mission and efforts In ministry.

List the members of the church or agency who will be directly responsible for completing the project.

NAME	PHONE	EMAIL

ProjectLeader

Pastoror Director

Project Leader Signature

Pastor or Director Signature