

Annual Conference Mission Offering *Holston's Response to the Opioid Crisis* Grant Application

Grant Information and Guidelines

- Grants are available to support new and existing ministries addressing the opioid crisis in your communities.
- Program grants are not for capital improvements; they are for program support only.
- Holston Conference churches and related United Methodist agencies are eligible to apply for these funds.
- No program grant will be made where the grant funds constitute more than 2/3 of the total program cost.
- **Priority consideration will be given to applications for ministries building ongoing relationships with families and individuals affected by the opioid crisis.**
- Funds will be granted quarterly as they are available. Application deadlines are: **September 1, 2019; December 1, 2019; March 1, 2020; and June 1, 2020.**
- **All applications must be filed on the approved Program Grant Application Form with all required signatures. Attach additional sheets as needed.**
- All Application Forms should be requested from and returned to Opioid Crisis, Holston Conference of the UMC, P.O. Box 850, Alcoa, TN 37701-0850 by the above-mentioned deadlines. The application may also be found on the Conference website under Grants.
- Grant recipients may apply again the next year but subsequent grants, if awarded, will be reduced by 1/3 each time.
- If a grant is awarded, ***a written summary report is required to be returned within a year of receiving the grant.*** The evaluation form will be included with your award. Failure to complete the summary report will disqualify any future grant applications.

Return application to:
Holston's Response to the Opioid Crisis
Holston Conference Center
P. O. Box 850
Alcoa, TN 37701-0850
FAX: 865/690-3162 Phone: 866/690-4080
E-Mail: CharlotteRiggins@holston.org

Holston's Response to the Opioid Crisis

Grant Application

Contact Form and General Information

PLEASE PRINT CLEARLY

District _____

Church/Missional Hub _____

Mailing Address _____

City/State/Zip _____

Contact Name/Position _____

Phone _____

E-Mail _____

Name of Project _____

Amount Requested _____ **Date Submitted:** _____

Is this a new or existing ministry? New Existing

If this is a new ministry, what is the proposed beginning date? _____

Is this planned to be a short-term or on-going ministry? Short-term On-going

Type of ministry to be funded by this grant:

Please select the **primary** area through which the funding will be applied.

Partnership with School-based Opioid Intervention

Basic needs (food, clothing, etc.)

Resource Development

Christian Education to Reduce Stigma

Community Outreach (takes place off church property)

Family Engagement and Support

Mentoring/Peer Recovery Specialist Certification

Post Incarceration Transition Support

Recovery Ministries

Mental Health First Aid Training

Transportation Ministry

Narcan Training

Other - please describe _____


Applicants should seek to do one or more of the following:


- Identify with the families or individuals affected by the opioid crisis within your communities and implement a “relational” form of ministry.
- Develop partnerships with ongoing opioid response programs.
- Develop ministries at the local level that support families caring for loved ones in crisis.
- See all people as participants in ministry as well as recipients of ministry.
- Reflect on where and in what ways God is leading you to love your neighbors as yourself.

Please answer the following questions on a separate sheet.

1. Describe the ministry to be funded by this grant and how it will address one or more of the above needs.
2. Why is this grant necessary for addressing this need?
3. What other resources have been explored within and outside of the local church budget to meet this need?
4. How does this proposed ministry express the Gospel in responding to the needs of families or individuals affected by the opioid crisis?
5. How will the people in your congregation participate in this ministry?
6. How will the churches in your missional hub participate and support one another in this ministry?

Financial Profile of the ministry for which funds are requested:

 **Important:** Attach a detailed copy of the Projected Budget for this ministry, *including all sources of income.*

 **Reminder:** No program grant will be made where the grant funds constitute more than 2/3 of the total program cost.

Signed _____
Pastor

Signed _____
Applicant/Contact

Signed _____
District Superintendent

<i>Office Use Only</i>	
<i>Date Received</i> _____	
<i>Date Awarded</i> _____	<i>Amount of Grant</i> _____
<i>1st, 2nd, or 3rd Grant?</i> _____	<i>Signed</i> _____