

NIAGARA FRONTIER CITY MINISTRIES, INC.

*NFCM MISSION: engage, encourage and empower Niagara Frontier United Methodist Churches
in their ministries with urban churches.*

APPLICATION FOR FUNDING

DATE OF APPLICATION _____ *Date Rec'd by NFCM* _____

CHURCH: _____

CONTACT PERSON: _____

CONTACT EMAIL: _____

TELEPHONE CONTACT NUMBER: _____

**I: NAME OF THE PROGRAM MINISTRY FOR WHICH FUNDS ARE BEING
REQUESTED**

a. Description of the Program Ministry:

b. How will/is this ministry connected to other ministries in the church?

c. How many members of your congregation are estimated to be involved?

Adults: _____ Youth: _____ Children: _____

d. How many non-members/community members are estimated to be involved?

Adults: _____ Youth: _____ Children: _____

NIAGARA FRONTIER CITY MINISTRIES, INC.

e. **What are your primary church ministries? (No more than three)**

1. _____
2. _____
3. _____

f. **Do you have resources to share with other churches? Describe**

g. **If you are requesting funds for food have you tried to obtain help from: Ex: food banks, Tops/Wegmans, other grocery stores, Krehers Eggs, Monk's Abbey bread – Abbey of the Geneseo store**

☐ Yes ☐ No

h. **Do you have any other agencies or stores to recommend for free or reduced price food or supplies?**

If yes, please share information (optional):

**If you are requesting funds for writing or any activity requiring school supplies, please contact NFCM to see if our School Supply Pantry can help supply your needs.*

***Please attach Audit for the previous year if not already on file.**

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GRANT APPLICATION BUDGET

1. PROGRAM MINISTRY NAME: _____
2. Start Date: _____ Completion Date: _____
3. Amount Requested: \$ _____

4. **ESTIMATED EXPENSES:**

- a. **Supplies:** *Including but not limited to craft supplies, office supplies, and paper goods* \$ _____
- b. **Printing and Copying:** \$ _____
- c. **Postage:** \$ _____
- d. **Food/Beverages:** \$ _____
- e. **Travel – Including Field Trips. Admission Fees:** \$ _____
- f. **Transportation: Gas/Mileage** \$ _____
- g. **Other:** _____ \$ _____

TOTAL ESTIMATED EXPENSES: \$ _____

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5. **INCOME:**

- a) **Individual Contributions:** \$ \_\_\_\_\_
- b) **Amount from Church:** \$ \_\_\_\_\_
- c) **Other (Specify):** \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL ANTICIPATED INCOME:** \$ \_\_\_\_\_

6. **IN-KIND SUPPORT** including volunteers. Specify \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

7. **AMOUNT NEEDED:** \$ \_\_\_\_\_

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Signature: Applicant \_\_\_\_\_ Date \_\_\_\_\_ Pastor \_\_\_\_\_ Date \_\_\_\_\_

Please submit this application to NFCM at 5681 Main Street, Williamsville, NY 14221  
and submit an electronic copy to NFCM at [efb816@aol.com](mailto:efb816@aol.com).  
For questions, you may contact Beth Buckley at [efb816@aol.com](mailto:efb816@aol.com)