



MOUNT GRETNA UNITED METHODIST CHURCH

4th & Boehm Streets, Post Office Box 427
Mount Gretna, Pennsylvania, 17064

2026 ENDOWMENT FUND APPLICATION

THE WILLIAM (BILL) DRENDALL ENDOWMENT COMMITTEE seeks to honor Bill's memory by providing grants for Christian Ministries. We seek to support community and social service organizations that are consistent with the mission and values of the Mount Gretna United Methodist Church (MGUMC).

The mission of the Mount Gretna United Methodist Church is *to know Christ and make him known; to help people become, and grow, as followers of Christ; and to relieve suffering in our community and beyond through our members' ministries.*

Organizations applying for a grant must be a 501(c)(3) as designated by the IRS and must align with the mission and values of the Mount Gretna United Methodist Church.

All applications must be submitted by **January 15** of each calendar year. Any application that misses this deadline will not be considered.

The Endowment Committee will review the applications, notify applicants whether their request is granted, and disburse funds by or before April 15.

Given the limited funds available for grants, the Committee may choose to limit the amount per application to \$10,000.00 or less.

Grant recipients must provide a follow-up report to the MGUMC office by January 31 of the following year. This follow-up report must:

- a. List the original goals and objectives of the project/program and how they were met.
- b. Describe the impact of this grant on how it helped your organization, supported the community or assisted the population you are serving.
- c. Describe any unanticipated benefits or challenges encountered.
- d. Account for how the funds were used. It is expected that any unused funds will be returned to MGUMC.
- e. Please share any additional pertinent information.

Failure to submit this final report may affect approvals of future grant requests.

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Organization _____

Address: _____

Website address: _____

Contact Person

Name and Title: _____

Telephone: _____ Email: _____

Has the IRS determined your organization is a 501(c)(3)? YES NO

EIN Number: _____

Organizational mission statement:

Brief description of organization's current programs, activities and accomplishments.

Proposed Project/Program: _____

Project Start Date: _____ Project End Date: _____

Amount Requested: \$ _____ Total Project Cost \$ _____

Will there be future program costs? YES NO

If 'yes,' how will these be met? _____

Please attach your organization's latest financial information such as IRS 990 Form and/or internal/external prepared financial statements.

Provide an overview of proposed project/program.

Be sure to include:

- Project/program goals and objectives
- Statement of need
- Impact of proposed project/program.
- Plan for how success/effectiveness of project/program will be defined and evaluated.

Signature and Title of Person Applying:_____

Type or Print Name:_____