

Application for United Church Mission Outreach Ministry and Social Issues Projects

The Mission Unit is (check one): Outreach Ministry Campus Ministry Chaplaincy

- Read the instructions below.
- Answer all sections.

Year for which grant is sought 2019
 Mission unit Minden Food Bank
 Presbytery/district Kawartha Highlands
 Conference Bay of Quinte
 Number of years MSG received 12

Completing the Application

Please complete ALL of the information and include ALL of the supporting documents requested. If anything is not applicable to your pastoral charge, please indicate NA and state the reason why. Failing to provide all the information requested may delay or deny your application.

Forward a copy of the completed application to your local Conference office and send a second copy to your local Presbytery/District Mission Support Convenor/Committee listed below. One recommendations have been made by your local presbytery/district, approved applications will be sent to your local Conference Officer. **We encourage the use of e-mail to speed up the process.**

Presbytery/district action is not necessary for Conference ministries. The decision of the Conference Committee will be sent to you as soon as possible after the meeting.

Submitting the Application

Please return the completed application and all the required supporting documents to the address below by _____.

(paste mailing information here)

Contact Person

Please give the name, phone number, and e-mail address of a person (preferably the person filling out the application) who could give further information about this application if necessary:

Name: Don Veno

Phone number: 705-286-4979

E-mail address (if available): venocar57@aol.com

| Conference Office Use Only |
|-----------------------------------|
| Grant Requested: _____ |
| Grant Approved: _____ |

Identification

| | | | |
|--|---|---|-----------------------|
| 1. Name of outreach ministry or social issues project: | Name Minden Food Bank | | |
| 2. Address: | Number and street 24 Newcastle Street | | City/town Minden |
| | Province ON | Postal code K0M 2K0 | Phone 705-286-6838 |
| 3. Charitable status: | Charitable Organization No. 885243048 RR0001 | CRA registration current <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4. Name and address of director, chaplain, coordinator: | Name of director, chaplain, coordinator Don Veno | | |
| | Number and street Box 893 | | City/town Minden |
| | Province ON | Postal code K0M 2K0 | Phone 705-286-4979 |
| 5. Cheque made payable to: | Name Minden Food Bank | | |
| | Number and street Box 893 | | City/town Minden |
| | Province ON | Postal code K0M 2K0 | Phone 705-286-6838 |

6. How long has this project been active? Describe past activities (if any).

26 years

7. If this is a jointly owned ministry, please list all partners.

No Partners

8. Has this project received United Church funding before? Yes No

If yes, when? From what sources (e.g., local congregation, UCW, etc.)?

Highland Hills Pastoral Charge churches & UCWs plus Mission Support in Canada

9. Number of people participating in this project

This number should include board members, staff, and participants (if possible) who will be involved in this project.

11 Board Members, 2 part-time staff & 50 volunteers

Description

10. Describe project, programs, and constituencies served. Use separate sheet if necessary.

1. Serve 8 other communities. 2. \$500.00 per month to Food program in the schools. 3. Regular purchase of Good Food Box certificates to offer to recipients. 4. Christmas Baskets

11. Financial statements and budget projections

Please submit

- a. a copy of the most recent fiscal year’s audited/reviewed financial statement and the approved budget for the same period. (These will probably be from your most recent annual report.) Describe your fiscal year if different from the calendar year.
- b. a copy of a current and complete financial statement disclosing all bank balances, financial investments, financial assets and financial liabilities, and a copy of the current approved budget.
- c. a copy of the proposed budget for the year the grant is requested.
 - Be sure to provide your organization’s total operating budget.
 - Indicate all the sources of funding.
 - Indicate the amount being sought from Mission Support Grant.
 - Provide all available details on income and disbursements.
 - List assets and liabilities of the organization.
 - If you hold investments or reserves, please indicate any restrictions that may apply to the use of each fund.

12. Staff/ministry personnel supported by this grant

| Name | Status* | Inc. Cat. | Basic Salary | Salary Allowances | | Housing Allowance | Travel Expenses | |
|------|---------|-----------|--------------|-------------------|--------|-------------------|-----------------|--------|
| | | | | Specify | Amount | | Km/m | Amount |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

*Status:

CAM: Congregational Accountable Minister
 CS: Candidate Supply
 DM: Diaconal Minister
 IS: Intern Supply
 DLM: Designated Lay Minister

OM: Ordained Minister
 OS: Ordained Supply
 SS: Student Supply
 RM: Retired Minister
 OT: Other (please specify)

13. Request

Amount requested from CECM (Mission Support Grant): \$ 1,500.00

14. Total budget

Please note:

- a. **Outreach ministries/community ministries** receiving United Church Mission Support funding for **\$50,000** or more must submit a quarterly financial report from before the next cheque will be issued.
- b. United Church Outreach Ministries/Community Ministries receiving more than 60 percent funding from United Church sources are required to adhere to the Salary and Allowances Schedules and policy for ministry personnel.

15. Mission Statement

Please record your mission statement (if you have one):

The Minden Food Bank has been established to provide food and necessities of life to those in need.

16. Statement of intent

Please describe

- a. the context in which your ministry is situated
- b. why you are applying for a grant
- c. how long you anticipate needing such a grant
- d. a financial plan for decreasing the grant
- e. effect on the ministry if request is not granted

16. a. We live in a rural area where unemployment is very high, especially in the Winter. We are presently serving 308 registered families. On average, 95 families are served each month. We work very closely with all the charitable organizations and other denominations.

b. To supplement the ongoing fundraising efforts and generous donations from the community to allow this service to be available in the community and neighbouring communities.

c. As long as the present situation of poverty and working poor persists.

d. no financial plan is in place to decrease the need for the grant.

e. The Board will have to cut back on what is given to the Food Program, the Good Food Box, Christmas Baskets & offering food to recipients.

17. Outreach ministry action

- a. The project that we have described reflects the activities we are proposing to undertake.
- b. Funds received from the United Church will be spent in accordance with the purpose outlined in this application.

Grant requested: \$ 1,500.00 Signature _____

Date of board/council action: 2018/09/20 Office held: President

18. Presbytery/district action

Grant recommendation \$ _____ for the year 2019 to begin January 1st (mth/day)

Presbytery/district of Kawartha Highlands

Signature of Secretary of Presbytery/District: _____

Date of presbytery/district meeting 2018/09/19

To be answered by Secretary of Presbytery/District: How is the funding of this ministry a contribution to the presbytery's missional goals and objectives?

The Minden Food Bank assists in meeting the Outreach goals of the Presbytery by reaching out to those at risk of food insecurity in our communities in the Northern region of the Presbytery

19. Conference Action

The foregoing application has been assessed and found to meet the requirements in the **Conference Mission Support Grants Policies and Procedures.**

Grant \$ _____ for the year _____ to begin _____ (mth/day)

Date _____ Signature _____

Conference position

Sharing Your Story

This grant is made possible through the Mission and Service Fund. Please be prepared to provide a story, 200 words in length, within the next six months about your ministry and mission, with photos electronically submitted.

These stories and photos may be used in a number of United Church publications, including the United Church website. Please be sure to get written permission from anyone in the photos for their use. You will be notified before we use the photos and asked to sign a release form.