



Instructions for Completing the Farmer Fund Grant Application

A request for assistance from the Farmer Fund Grand Program (Program) is made through the conference board of pensions on an application form provided by the General Board of Pension and Health Benefits of The United Methodist Church (General Board). Distressed clergy members or former clergy members of an annual conference; their spouses, former spouses, former surviving spouses; or surviving dependent children (including adult dependent children) are eligible to apply for a grant. The grant application requires the following information:

1. The applicant is required to substantiate financial resources by completing the income and expenditures statement in Part 1.
2. An officer of the conference requesting a grant on behalf of an applicant must provide a description of the applicant's circumstances and supporting statement on why this situation is felt to be a one-time emergency. Attach any copies of documentation from a doctor, lawyer, etc., which list actual expenses.
3. An officer of the annual conference must review the applicant's situation, determine the actual grant amount needed, provide the amount on the application and certify that a concurrent grant will be made by the annual conference on a \$1.00 for \$3.00 basis, by completing Part 2.

Upon completion of the application, copies should be forwarded as follows:

1. The original should be submitted to the General Board to the attention of the conference liaison for the annual conference.
2. A copy should be forwarded to the applicant.
3. A copy should be retained by the annual conference.
4. The instruction sheet should be retained by the annual conference.

Each application for a grant submitted to the General Board will be reviewed on a timely basis based on the applicant's need and availability of funds in the Program. Upon approval of an application, a check from the Program for the approved grant amount will be sent to the annual conference office for transmittal to the applicant.

The maximum grant amount available from the Program is \$3,000.00 per each individual approved application.

The Program provides a grant for approved one-time emergency situations and an applicant may receive only one grant per calendar year.

A grant from the Program will not be approved if a grant was previously made from the Program for the same emergency situation.



Application for a Farmer Fund Grant

Part I – To be completed and signed by the applicant or the person authorized to act on the applicant’s behalf.

Name of applicant _____ Social Security # _____

- Clergy Spouse Surviving spouse
 Former clergy Former spouse Surviving dependent child

To support my request for a grant from the Farmer Fund and concurrent grant from the _____ Annual Conference, I am providing the following financial information:

Sources of monthly income:

Pension and benefits from church sources \$ _____
 Social Security benefits \$ _____
 Spouse’s income \$ _____
 Income for all other sources \$ _____
Total income \$ _____

Monthly expenditures:

Mortgage/rent \$ _____
 Utilities \$ _____
 Loan/credit payments \$ _____
 All other living expenses \$ _____
Total expenses \$ _____

Special circumstances which substantiate the need for one-time emergency assistance: Please provide financial information pertaining to any unusual medical, legal or other expenses which have created this one-time emergency situation. (Attach additional documentation if needed.)

Applicant signature _____ Date _____

Address _____

Part 2 – To be completed by the conference board of pensions.

Amount of grant requested from the Farmer Fund \$ _____

Conference will make concurrent grant on a \$1.00 for \$3.00 basis \$ _____

Signature of conference officer _____ Date _____

Position _____ Conference _____

Address _____

(continued on back)

Part 3 – Actions of the General Board

Recommended by the conference liaison

- Recommended
- Not recommended

Amount of grant recommended \$ _____

Signature of conference liaison _____ Date _____

Approved by the Farmer Fund administrator

- Approved
- Not approved

Amount of grant approved \$ _____

Signature of Farmer Fund administrator _____ Date _____

Record of payment

Number of check _____

Date of check _____

Amount of check _____

Check delivered _____