

# GUIDELINES FOR UMC ACCESSIBILITY GRANTS

## PURPOSE

- To encourage and aid local churches in making their programs and facilities accessible to people with disabilities. The denomination's commitment to becoming an accessible and barrier-free church has been affirmed by numerous General Conference resolutions adopted through the years.

## DEFINITIONS

**Disability.** The Americans with Disabilities Act of 1990, Public Law 101-336, defines disability as a “physical or mental impairment that substantially limits one or more of the major life activities of an individual such as walking, speaking and breathing.”

The term “physical impairment” covers spinal cord injuries, Spina Bifida and other congenital malformations, amputations, arthritis, muscular dystrophy and additional musculoskeletal conditions. Many physical disabilities can take the form of mobility impairment. An estimated 10% of people with mobility impairments use wheelchairs, and others use walkers, canes, braces or crutches. Sensory impairments refer to blindness, low vision or other visual impairments, and being deaf, deaf-blind, or hard-of-hearing. A mental impairment is a chronic mental illness, or one of the developmental disabilities which include autism, intellectual disability, cerebral palsy and epilepsy or seizure disorder.

**People with Disabilities.** People with disabilities are individuals whose minds and/or bodies create differences, that may or may not be readily apparent, in mobility, communication, thinking or personal interaction, that interfere with their participation in the life of the church.

**Accessibility.** In the context of compliance with the Americans with Disabilities Act (ADA), this term describes a site, building, facility or portion thereof that complies with ADA guidelines. For purposes of these accessibility grants, the term refers to accommodations in sites, buildings, and facilities, and in programs and services: making a church free of architectural, communication, attitudinal and programmatic barriers that prevent the full inclusion of persons with disabilities.

Examples of modifications for architectural access: making curb cuts, ramps, re-grading parking lots and entry ways, installing wheelchair lifts, modifying restrooms, changing sanctuary seating (e.g., pews cuts).

Examples of modifications for individuals with vision or hearing loss may include: obtaining worship and program aids in Braille or large print, modifying sound systems, purchasing assistive listening devices, hiring sign language interpreters.

Examples of modifications for attitudinal access may include: obtaining video and print resource materials for church members about disability, developing and sponsoring disability awareness seminars and worships.

Other accessibility projects may include: obtaining or developing church school or worship programs for children and adults with disabilities, making transportation available to facilitate participation of people with disabilities in congregational activities.

## **PROVISION OF THE GRANT**

- Grants are available to United Methodist local churches and charges only.
- Only one grant of \$1,000 will be made to a local church or charge.
- Selection will be based on the following criteria
  - Evidence of satisfactory planning
    - Clear identification of target group the local church is attempting to reach.
    - Access feature/program to be funded is part of a larger plan of access.
    - Implementation of the project, including the identification of those who are over-seeing it, has been proposed in a logical and realistic manner.
    - People with disabilities have been involved in the planning process.
    - Technical assistance to assure appropriate construction/planning has been identified.
  - Evidence of financial need
    - Total anticipated costs and a plan for financing have been identified.
    - Nature of the congregation and its financial commitments and limitations is clearly stated.
  - Evidence of congregational involvement.
    - Church bodies and members of the congregation are supportive of the project
    - Nature of the church's involvement and potential in the community has been identified.
- Selection of applications meeting the specified criteria will be made, in part, on a first come, first served basis. This Office intends to include among the grantees local churches of all jurisdictions, in various sized congregations and communities, with a variety of congregational make-ups. Selection also will include projects reaching people with various disabilities in a range of ways so that grantees will be inclusive of a wide range of individuals and projects.
- Applications will be received up to a postmarked date of June 30<sup>th</sup>
- Final selection will be made by September 30<sup>th</sup>

For further information, please direct inquiries to

**Joan Young**  
**Global Ministries**  
**UMCOR Health**  
**475 Riverside Drive, Room 330**  
**New York, New York 10115**  
**Phone: (212) 870-3871; E-mail: [jyoung@gbgm-umc.org](mailto:jyoung@gbgm-umc.org)**

**Accessibility  
Grant  
Application**

Date

Jurisdiction: \_\_\_\_\_

Annual Conference: \_\_\_\_\_

District: \_\_\_\_\_

Sent: \_\_\_\_\_

NAME OF LOCAL CHURCH \_\_\_\_\_

CHURCH ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PASTOR \_\_\_\_\_ PHONE (     ) \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_ POSITION \_\_\_\_\_

PROJECT QUESTIONS

1. How do you propose to use the grant? (Please be specific) \_\_\_\_\_

---

---

---

---

2. Who will benefit from the changes that will occur as a result of the grant?

---

---

3. What is the total cost of the project? How do you plan to pay the total cost?

---

---

4. How are individuals with disabilities involved in planning or developing the project?

---

---

5. How does the project fit into your overall plan to make your facilities and activities more open to the participation of individuals with disabilities?

---

---

---

---

---

6. What group or individual is responsible for this effort? \_\_\_\_\_

---

7. Does this project have the approval of the Administrative Board? Yes \_\_\_\_ No \_\_\_\_  
The Council on Ministries? Yes \_\_\_\_ No \_\_\_\_

ABOUT YOUR CONGREGATION

1. Number of Members \_\_\_\_\_

2. Please describe your congregation and some of its current ministries \_\_\_\_\_

---

---

---

---

3. Are individuals with disabilities involved in your congregation? Yes \_\_\_\_\_ No \_\_\_\_\_  
What are their roles?

---

4. Annual Church Budget \$ \_\_\_\_\_

ABOUT YOUR COMMUNITY

1. Population (number) \_\_\_\_\_

Rural     Town     Suburban     Urban     Inner City

If rural, town or suburban, name the city closest to your community: \_\_\_\_\_

2. Is there a particular group of individuals with disabilities living in your community that would benefit from the increased accessibility that will occur if you receive the grant?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe the group.

---

---

---

3. Are you aware of other faith groups in your community who have programs involving individuals with disabilities? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe the program(s).

---

---

---

---

IF YOUR PROJECT IS FOR PHYSICAL ACCESS, please attach your Work Plans (drawings; if photos are available and would be useful, please send them). State here which standards you have used to develop your plans:

Local Ordinance     State Regulations     ANSI     ADAAG

Other – specify \_\_\_\_\_

FOR ALL APPLICANTS: Please attach an outline of how you plan to implement your proposed activity.

---

DISTRICT REVIEW

One of the following three steps is expected. Please specify which you have secured:

Reviewed by District Superintendent  
Name of District Superintendent \_\_\_\_\_

Reviewed by Conference Chairperson of Health and Welfare Ministries  
Name \_\_\_\_\_

Reviewed by Conference Council on Ministries Director  
Name \_\_\_\_\_

**Please return the completed application with attachments to:**

**Joan Young  
Global Ministries  
UMCOR Health  
Global Ministries  
475 Riverside Drive, Room 1522  
New York, New York 10115**

Have you applied for a grant for accessibility from UMCOR Health before?  
Yes \_\_\_\_ No \_\_\_\_ If yes, when? \_\_\_\_\_

Did you receive a grant? Yes \_\_\_\_ No \_\_\_\_