

**SKIDAWAY ISLAND UNITED METHODIST CHURCH**  
**Request for Missions Support/Funding**  
*(Feel free to attach any relevant materials)*

Date of Application: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Year Founded: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Website: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name/Title of person submitting application: \_\_\_\_\_

Name of Executive Director: \_\_\_\_\_

How has your organization used the funds you received from SIUMC in 2016? \_\_\_\_\_

**A. BACKGROUND OF YOUR ORGANIZATION:**

1. What is the mission of your agency? \_\_\_\_\_

2. Who does your organization serve? \_\_\_\_\_

3. How many people do you serve each year? \_\_\_\_\_

4. Please list your primary current sources of funding (list all that apply):

Federal \$: \_\_\_\_\_ State \$: \_\_\_\_\_ Local \$: \_\_\_\_\_

United Way \$: \_\_\_\_\_ Endowment \$: \_\_\_\_\_

Other \$ (please list): \_\_\_\_\_

5. Please attach your organization's budget for the current year or tax return for the most recent year.

**B. PROJECT INFORMATION**

1. Please describe the project for which funds are being requested, including substantiation of need, client group served, and size of client group. \_\_\_\_\_

2. What are the goals of the program? And how will you measure them? \_\_\_\_\_

3. What is the timeframe for this program/project? \_\_\_\_\_

4. What is the total program cost? (You may use the attached budget form) \_\_\_\_\_

5. What amount of money are you requesting from SIUMC? \_\_\_\_\_

6. What other sources of funding do you anticipate for this project? \_\_\_\_\_

7. How will the money you are requesting from SIUMC be used? What will it pay for?
8. In what ways can volunteers become involved with your organization? \_\_\_\_\_  
Who should they contact? \_\_\_\_\_
9. Are there in-kind gifts we could solicit from our congregation that would help your organization? \_\_\_\_\_

**C. BUDGET INFORMATION**

EXPENSES (List specifics)	Amt Requested	Program Budget
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Total: _____</b>	_____	_____
Other Funding Sources	Amt Requested	Amount Received
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Total: _____</b>	_____	_____

**Please return this form:**

- **By mail to:** Skidaway Island United Methodist Church, 54 Diamond Causeway, Savannah, GA 31411, Attn: Missions Committee
- **By email to:** info@siumc.org, Attn: Missions Committee

**Questions?** If you have questions about this form or the application process, please contact your agency's SIUMC contact or SIUMC Missions Committee Chair, Nancy Sheets, at 598-0954 or nssheets@comcast.net.