

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total: _____	_____	_____
Other Funding Sources	Amt Requested	Amount Received
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total: _____	_____	_____

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.