

# Funding Request for Advance Special Ministries

## Section I: Agency/Institution Information

Name of Agency/Institution \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_

Please include a brief overview of your agency/institution and its programs in fifty (50) words or less: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Section II: Budget and Financial

Please list sources of income for your agency (10% or more)

<u>Source</u>	<u>Amount</u>	<u>Percent of Income</u>
United Methodist Sources:		
General Boards or Agencies	_____	_____
Other Conference Sources	_____	_____
Government Agencies	_____	_____
Fees for Services	_____	_____
Other Income	_____	_____
Total Income	_____	_____

### Expenses:

<u>Source</u>	<u>Amount</u>	<u>Percent of Expense</u>
Salaries and Benefits (list # of persons)	_____	_____
Program Expense Other Than Salary	_____	_____
Administration	_____	_____
Maintenance	_____	_____
Other	_____	_____
Total Expenses	_____	_____

**PLEASE INCLUDE A COPY OF YOUR CURRENT OPERATING BUDGET SHOWING INCOME AND EXPENSE FOR THE LAST FISCAL YEAR.**

**Section III: Funding Request**

Amount requested from CBGM: \_\_\_\_\_

How will the approved funding be used? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the past fiscal year how was the money used? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Section IV: Ministry Accomplishments/Projections**

Please include a statement of ministry accomplishments including the following information:

- 1. Number of programs completed during the past twelve (12) months
- 2. Number of clients helped during the past twelve (12) months
- 3. Number of paid (full and part time) employees on your staff
- 4. Latest annual audit
- 5. A copy of the mission statement

What are your ministry goals for the coming year? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section V: Accountability**

A. Board of Directors/Board of Trustees:

- 1. Frequency of meetings \_\_\_\_\_
- 2. United Methodist Representation and make up of board \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 3. Board chairperson's name and address \_\_\_\_\_  
\_\_\_\_\_
- 4. Does your board have an evaluation process of the:

\_\_\_\_\_ Agency Staff  
 \_\_\_\_\_ Agency Programs

**Section VI: Needs Assessment and Analysis**

- A. What particular needs do you address with your ministry? \_\_\_\_\_  
\_\_\_\_\_
- B. How are these needs determined? \_\_\_\_\_  
\_\_\_\_\_
- C. When were these needs last evaluated? \_\_\_\_\_  
By whom? \_\_\_\_\_
- D. What other organizations (public, private, etc.) also address these needs? \_\_\_\_\_  
\_\_\_\_\_
- E. Why is it necessary for your agency to address these particular needs in addition to the above agency (ies)? \_\_\_\_\_  
\_\_\_\_\_

**Section VII: Relationship to the Total Mission of the United Methodist Church**

In what way do you work with or through:

- 1. Local churches in your area \_\_\_\_\_  
\_\_\_\_\_
- 2. District \_\_\_\_\_  
\_\_\_\_\_
- 3. Conference \_\_\_\_\_  
\_\_\_\_\_
- 4. Ecumenical Groups \_\_\_\_\_  
\_\_\_\_\_

**Section VIII. Personnel Description:**

- A. Title of head of staff \_\_\_\_\_
- B. To whom is this person accountable? \_\_\_\_\_
- C. Is this person full or part time? \_\_\_\_\_
- D. Title and number of persons serving in staff positions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- E. Approximate number of volunteer hours served in the past year? \_\_\_\_\_

**Section IX: Signatures**  
Signatures for Line Items

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Conference Board Chairperson's Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

Signatures for Advance Special Ministries

\_\_\_\_\_  
Executive Director's Signature

\_\_\_\_\_  
Board of Directors Chairperson's Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
District Superintendent's Signature

\_\_\_\_\_  
District Mission Secretary's Signature

\_\_\_\_\_  
DCOM Chairperson's Signature

Please mail everything together to:

Gail Corn  
South Carolina United Methodist Center  
4908 Colonial Drive  
Columbia, SC 29203