

Belin Trust Application Form  
**District, Conference, or Other Based Based Mission Projects**

Send all applications to:

SC UMC Conference Office of Connectional Ministries  
4908 Colonial Drive, Suite 101, Columbia, SC, 29203

**Applications must be in the COCM office on August 1 to be considered at the fall meeting of the CBGM, and December 1 to be considered at the Winter Meeting of the CBGM.**

Applications received after these dates will be deferred to the next meeting of the Board.

1. If this is a new program in a **current** mission agency, please fill in the following. Additional pages may be used if needed.

District \_\_\_\_\_  
Organization Name \_\_\_\_\_  
Location \_\_\_\_\_  
Director \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone: Office \_\_\_\_\_ Home \_\_\_\_\_  
Organized (date) \_\_\_\_\_  
What is the purpose of your mission organization? \_\_\_\_\_  
Who do you serve? \_\_\_\_\_

Attach additional pages with a description of your new program, including a description of the new program, start-up costs, future funding plans, and plans for evaluation of the program. **Include the amounts requested from the Belin Trust.**

Please attach a list of your Board of Directors and your latest audit/review of funds.

2. If this is a **new** mission program and agency, please attach additional pages with the following information:

District \_\_\_\_\_  
Organization Name \_\_\_\_\_  
Location \_\_\_\_\_  
Director \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone: Office \_\_\_\_\_ Home \_\_\_\_\_

Attach additional pages with a description of your new program, including a description of the mission/ministry, start-up costs, future funding plans, and plans for evaluation of the program. **Include the amounts requested from the Belin Trust.**

Proposed date for mission start \_\_\_\_\_

Please attach a list of your Board of Directors, Steering Committee, or other supervisory group.

For both **new** and **current** mission agencies, please fill in the following:

Have applications been filed for other grants for the project? \_\_\_\_\_  
If yes, where? \_\_\_\_\_  
Funds actually received from other sources \_\_\_\_\_

**Amount requested from the Belin Trust** \_\_\_\_\_

Amount requested from other funding sources for this project (Please be specific.)

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### Certificate of Approval

1.

#### DISTRICT CERTIFICATION

We certify that this is an approved project of the \_\_\_\_\_

District, having been reviewed by the District Connectional Ministries Table.

Date approved \_\_\_\_\_

\_\_\_\_\_  
District Superintendent

\_\_\_\_\_  
Chairperson of District Connectional Ministries Table

\_\_\_\_\_  
District Mission Secretary

#### VII. TO BE FILLED OUT BY BOARD OF MISSIONS FOR THE BELIN FUND

We certify that this project was carefully considered at the Executive Committee meeting of the Board of Missions on \_\_\_\_\_ and mission project \_\_\_\_\_ was \_\_\_\_\_ was not approved.

(If approved-)

\$ \_\_\_\_\_ was approved for the project.

The Conference Board of Global Ministries meeting on \_\_\_\_\_ approved \$ \_\_\_\_\_.

\_\_\_\_\_  
Chairperson, Board of Missions

\_\_\_\_\_  
Secretary, Board of Missions