

Belin Trust Application Form  
**Local-Church Based Mission Projects**

Send all applications to:

SC UMC Conference Office of Connectional Ministries  
4908 onial 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. Please fill in the following

District \_\_\_\_\_ Charge \_\_\_\_\_  
Church \_\_\_\_\_  
Church Location \_\_\_\_\_  
Pastor \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone: Office \_\_\_\_\_ Home \_\_\_\_\_

**CHURCH DATA**

Organized(date) \_\_\_\_\_ Present Membership \_\_\_\_\_  
Number/Local Families \_\_\_\_\_ Average Attendance \_\_\_\_\_  
How often are worship services held? \_\_\_\_\_  
How often is church building used? \_\_\_\_\_  
Conference Apportionments last year \_\_\_\_\_  
Conference Apportionments paid last year \_\_\_\_\_  
Percent of Conference Apportionments budgeted this year \_\_\_\_\_

**CHURCH BUDGETING**

- A. What was the church's budget for the past year? \_\_\_\_\_
- B. How was it raised? \_\_\_\_\_
- C. Please attach a copy of your current year's budget.
- D. Please attach a copy of last year's budget and annual audit.

**PROJECT PROPOSAL**

On additional pages, please describe the project, its purpose, how it is a new mission in your area, who it will minister to, and how it will be funded in the future.

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

**LOCAL CHURCH'S PLAN FOR FINANCING THE PROJECT**

(If the request involves more than one church, list information from each church. Use additional pages if needed. Please fill in all blanks that apply to your mission project. You may use additional pages for explanation if needed.)

Total cost \_\_\_\_\_  
Cash on hand \_\_\_\_\_  
Cash you plan to raise by completion of project \_\_\_\_\_  
Have applications been filed for other grants for the project? \_\_\_\_\_

If yes, where? \_\_\_\_\_  
Pledges on hand \_\_\_\_\_

Funds received from other sources \_\_\_\_\_

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

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

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

**Certificate of Approval**

**ADMINISTRATIVE BOARD/CHURCH COUNCIL CERTIFICATION**

We, the Administrative Board/Church Council \_\_\_\_\_  
United Methodist Church, request a grant of \$ \_\_\_\_\_ for the above named mission.

\_\_\_\_\_  
Minister

\_\_\_\_\_  
Chairperson, Mission Area

\_\_\_\_\_  
Chairperson, Administrative Board/Church Council

\_\_\_\_\_  
Date

**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

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

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

**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

