

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

Send all applications to:
Connectional Ministries, 4908 Colonial Drive, Columbia, SC 29203

Deadlines: July 15th and January 15th

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.)

Certificate of Approval

3. 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

4. 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