

Belin Trust Application Form
Local-Church Based Mission Projects

Send all applications to:
SC UMC Conference Office of Connectional Ministries
4908 Colonial Drive, Suite 101, Columbia, SC, 29203

DEADLINES: July 15th and January 15th

Applications received after this date will be deferred to the next meeting of the Board.

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, the project's budget, 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

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