

Belin Trust Application Form
District, Conference or Other-based Mission Projects

Mail all applications to:

Connectional Ministries, 4908 Colonial Drive, Columbia, SC 29203

Deadlines: July 15 and Jan. 15

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

1. If this is a new mission 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? _____

Whom 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 in a new 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 _____

- 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.

Both new and current mission agencies, please fill in the following:

Have applications been filed for other grants for the project? Yes _____ No _____

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. LOCAL CERTIFICATION (1 signature required: minister or project leader)

I certify that this is an approved project of the _____ ministry
at _____.

Date approved _____

Minister's signature

Appointment

Project leader's signature

Position/Title

4. 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's signature

Chairperson of District Connectional Ministries Table's signature

5. 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 this mission project:

was approved _____. was not approved _____.

(If approved:)

\$ _____ was approved for the project.

The Conference Board of Global Ministries meeting on _____

approved \$ _____

Chairperson, Board of Missions' signature

Secretary, Board of Missions' signature