

Funding Request for Advance Special Ministries

Year applying for _____

**Application must be in the Connectional Ministries Office
with all required signatures by July 30.**

Section I: Agency/Institution Information

Date: _____

Name of agency/institution: _____

Mailing address: _____

Physical address: _____

Brief overview of agency/institution and its programs (150 words or less; attach extra page, if needed):

Section II: Agency/Institution Budget and Finances

Income (10% or more)

Amount

Percent of income

United Methodist sources:

General boards or agencies:

Other conference sources:

Government agencies:

Fees for services:

Other income:

Total income:

Expenses

Amount

Percent of expense

Salaries and benefits (list # of persons):

Program expense other than salary:

Administration:

Maintenance:

Other:

Total expenses:

Include a copy of your current operating budget, showing income and expenses for the last fiscal year.

Section III: Funding Request

Amount requested from CBGM: _____

How will the approved funding be used? (80 words or less; attach extra page, if needed)

How was the money used in the past fiscal year? (80 words or less; attach extra page, if needed)

Section IV: Ministry Accomplishments/Projections

Please include a statement of ministry accomplishments, including the following information:

1. Number of programs completed during the past 12 months
2. Number of clients helped during the past 12 months
3. Number of paid (full- and part-time) employees on your staff
4. Latest annual audit (**request will not be processed without this**)
5. A copy of the mission statement

What are your ministry goals for the coming year? (180 words or less; attach extra page, if needed)

Section V: Accountability

A. Board of Directors/Board of Trustees:

1. Frequency of meetings: _____

2. List United Methodist representation; attach list of current board members:

3. Board chairperson's name and address: _____

4. Does your board have an evaluation process of the:

Agency staff: Yes No Agency programs: Yes No

Section VI: Needs Assessment and Analysis

- A. What particular needs do you address with your ministry? _____ (attach additional page)_____
- B. How are these needs determined? _____ (attach additional page)_____
- C. When were these needs last evaluated? _____
By whom? _____
- D. What other organizations (public, private, etc.) also address these needs?
_____ (attach additional page)_____
- E. Why is it necessary for your agency to address these particular needs in addition to the above agency/agencies?
_____ (attach additional page)_____

Section VII: Relationship to the total mission of the United Methodist Church

In what way do you work with or through (attach additional page):

- 1. Local churches in your area: _____
- 2. District: _____
- 3. Conference: _____
- 4. Ecumenical groups: _____

Section VIII: Personnel Description:

- A. Title of head of staff: _____
- B. To whom is this person accountable? _____
- C. This person works full time: _____ part time: _____
- D. Title and number of persons serving in staff positions: (250 words or less; attach extra page, if needed)

- E. Approximate number of volunteer hours served in the past year: _____

Section IX: Signatures

Signatures for line items

CBGM Reviewed by Signature

Reviewers Name (Please Print)

Telephone Number

CBGM Convener's Signature

Telephone Number

Signatures for Advance Special Ministries

ASM's Executive Director's Signature

Telephone Number

ASM's Board of Directors Chairperson's Signature

Address

Telephone Number

District Superintendent's Signature

DCM Chairperson's Signature

DEADLINE: July 30

**This application must be in the Connectional Ministries
Office with all required signatures by July 30.**

Please print and mail everything together to:

South Carolina United Methodist Center
Office of Connectional Ministries
4908 Colonial Drive
Columbia, SC 29203