

First United Methodist Church of Franklin

# MISSIONS FUNDS REQUEST

(Please fill in the appropriate information below)

<u>Organization</u>	<u>Individual</u>
Name: _____	Person requesting funds: _____
Contact Person: _____	Address: _____
Address: _____	Phone number: _____
Phone number: _____	Amount requested: \$ _____
Amount requested: \$ _____	

- 1). What is the purpose of your organization or proposed project?
- 2). Describe specific ways requested funds will be used to assist individuals/groups. How will this project improve the general welfare of those being served?
- 3). What percentage of overall budgets goes toward administrative and/or operating costs?
- 4). What are your other anticipated sources of income?

<b><u>FOR ORGANIZATIONS ONLY</u></b>
Please list your total budget amount for last year: _____ Current year: _____
Non-profit Organization 501(c)3? <input type="checkbox"/> No <input type="checkbox"/> Yes / Federal Tax Number: _____

\_\_\_\_\_/\_\_\_\_\_  
Printed Name Requesting Funds / Signature / Date

**Please return this form to: First United Methodist Church  
Attn: Missions Committee Chairman  
66 Harrison Avenue, Franklin, NC 28734**

**A member of the Missions Committee will contact you regarding the status of your request.**