

Centenary United Methodist Church Missions Grant Application

Application Date: \_\_\_\_\_

Applicant's Legal Name (as shown on IRS Letter of Determination): \_\_\_\_\_

Org Website: \_\_\_\_\_

Doing Business As (if different from legal name): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Executive Director (or Top Executive): \_\_\_\_\_

Tax ID #: \_\_\_\_\_

Main Contact(s) for this Proposal: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Board President: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Applicant's tax-exempt status/IRS designation (e.g. 501(c)(3), 501 (c)(9), etc.) (Attach a copy of the IRS Letter of Determination) : \_\_\_\_\_

It not a 501(c)(3) Nonprofit, then who is fiscal agent? \_\_\_\_\_

Organizations' Mission Statement:

\_\_\_\_\_  
\_\_\_\_\_

Project/Campaign Name (if general operating, please indicate): \_\_\_\_\_

\_\_\_\_\_

Proposal Summary – In 100 words or fewer summarize the purpose of this request. (Please attach)

Funding Period Requested (be specific): \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount Requested: \$\_\_\_\_\_

Total Project Budget for this period (not required if general operating request): \$\_\_\_\_\_

Current Annual Organizational Budget: \$\_\_\_\_\_

Organization Fiscal Year: \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

Previous Centenary United Methodist Church Mission Grant Funding History: .

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