

First United Methodist Church Foundation – Brevard
A Permanent Endowment Trust

Application for 2010 Grant

The Church is called to be a Christ-centered, disciple-making transformational community. It is the purpose of First United Methodist Church Foundation – Brevard to support First United Methodist Church (FUMC) in the accomplishment of its religious, charitable, benevolent, and educational goals through specific grants.

- Groups, organizations or individuals within FUMC and the community must apply through Work/Ministry Areas of FUMC. If an applicant does not have a contact within FUMC one with whom that applicant will work may be assigned. Financial Statements for non-FUMC groups must be attached to the application.
- Applicants should be available to answer questions by the Board on the evening set aside by the Board for consideration of applications.

Contact Information

Committee/Group Requesting Grant: _____

Contact Person: _____

Address: _____ City/State/Zip: _____

Telephone: _____ Email Address: _____

Submitted by: _____ Date: _____

Signature

**ALL APPLICATIONS MUST BE RETURNED TO FIRST UNITED METHODIST CHURCH
BY 4:00 P.M. ON OCTOBER 30, 2009.**

Project/Need Information

1. Description of project/need – Include the client group and the number of people you expect to serve:

2. Goals/Objectives of this project: _____

3. Geographic area to be served by this project: _____

4. Will volunteers be used? ____ (yes/no) If yes, in what capacity will the volunteers be used?

Project Cost/Funds Information

- 5. Amount requested from FUMC-Brevard Foundation: _____
- 6. Date when FUMC-Brevard Foundation funds are needed: _____
- 7. Project duration: _____
- 8. Total project cost: _____
- 9. List all other Foundations/Agencies/Charitable Organizations to whom applications have been made requesting funds to support this project: .

- 10. List other funding already available for this project: _____

- 11. How much money have you and/or your group invested in this project? _____
- 12. List your plans for future/ongoing funding for this project/need: _____

- 13. Has this Agency/Organization/Group/Individual received funds previously from FUMC-Brevard Foundation? _____ (yes/no) If yes, when? _____

Additional Information: _____

All Applicants will be informed concerning the status of the Grant by the month end of February of next year

Grant Review (for Foundation use only)

Date Received: _____
Date Reviewed: _____
Approved _____ Rejected _____ Date: _____
Comments: _____

By action of FUMC Foundation – Brevard on (Date): _____