

# CANAL DISTRICT MISSION COUNCIL FUNDING REQUEST

DATE: \_\_\_\_\_

OFFICE USE

E/I \_\_\_\_\_

D/S \_\_\_\_\_

AMOUNT REQUESTED: \_\_\_\_\_

Amt. Grt. \_\_\_\_\_

Date \_\_\_\_\_

Motion # \_\_\_\_\_

(Check One): Emerging Issues \_\_\_\_\_ District Strategy \_\_\_\_\_

APPLICANT: \_\_\_\_\_

(Church, Agency, Institution)

ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE #(S): \_\_\_\_\_ EMAIL: \_\_\_\_\_

PROGRAM TITLE: \_\_\_\_\_

(Indicate a "name" or "title" to use to identify/describe this program.)

**\*\*APPROVAL BY GOVERNING BOARD OF APPLICANT (Must be signed)\*\***

**Signature**

**Print Name**

**Date**

1. Please give a brief explanation of this project. Include what needs are being filled...number of people reached, etc.

2. Explain the time frame of this project. Is it a new project, ongoing, short term, etc.?

3. Funding Needs:

How much is needed and over what period?

When is funding needed?

Has funding been received from Canal District in the past?

If so, how much and for what? (Give estimates if unsure)

Are funds received from other sources for this project or others?

List sources and amounts by project.

**PLEASE ATTACH A COPY LAST YEAR'S AUDIT, THIS YEAR'S BUDGET AND A COPY OF THE BUDGET FOR THIS PROJECT.**

1. How does your project fit the mission of the East Ohio Conference of the United Methodist Church?:

To be a servant after the model of Jesus Christ?:

2. How does your project fit the vision of the East Ohio Conference of the United Methodist Church?:

To equip local churches to make and mature disciples of Jesus Christ?:

3. Describe the organizational structure. Who administers the project...local church, community, etc.?

4. Is this program covered under the organization's liability insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Date insurance company was contacted to verify coverage: \_\_\_\_\_

Name of person making contact: \_\_\_\_\_

**FOR UNITED METHODIST CHURCHES ONLY:**

A. Total church operating expenses last year (excluding apportionments and capital expenses).

B. Total portion of above amount financed by sources above and beyond the actual giving of the constituency (salary supplement, Key Parish, Conference/District grants, etc.).

PLEASE RETURN THIS FORM WITH ATTACHMENTS TO:  
SHERYL REYNOLDS, FUNDING SECRETARY  
CANAL DISTRICT U.M.C.  
800 E. MARKET ST  
AKRON, OH 44305