

**FIRST UNITED METHODIST CHURCH OF GERMANTOWN**  
**Support Application Form**  
**Community Needs Committee**

**SUBMIT BY MARCH 6, 2017**

Organization Name:

Address:

Phone: Day:

Evening:

Director/President:

Contact:

1. Amount of Request:

2. Purpose of organization and brief summary of goals:

3. Program description for funding request:

A. What need does the program address?

B. List specific goals and objectives of the program.

C. Describe what the program will do, including the method used.

D. What means of evaluating the outcome will be used?

4. How does this program fit into your overall agency operations? Indicate whether this is time-limited or an ongoing project. If ongoing, how will it be funded in the future?

5. Additional comments: tell us anything else we should know in reviewing this proposal.

6. Attachments:

- a. Copy of most recent annual report or brochure,
- b. Total operating budget,
- c. List of Board of Directors,
- d. IRS Section 501(c)(3) letter.

7. Program Budget

A. Salaries: Specify Positions

\$

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total

Operating Expenses:

Office Space:

Office Supplies:

Printed Materials:

Travel:

Phones:

Other (List):

Total Program Budget

B. Amount requested from Community Needs Committee:

C. Other Sources of funding for this project:

Source:	Amount	Already Secured	Proposed
---------	--------	-----------------	----------