

**APPLICATION FOR RECEIVING
Advance Special Gifts**

(date)

Name of Project _____

Address _____

Phone Number _____ FAX _____

e-mail address _____

Name of Person submitting this proposal _____

Address _____

Phone Number _____ FAX _____

e-mail address _____

Contact Person _____

Address _____

Phone Number _____ FAX _____

e-mail address _____

List name and address of person designated to receive Funds:

Phone Number _____ FAX _____

e-mail address _____

Please complete the following in detail (25 words or less):

PROJECT Description:

MISSION Statement:

1) How does this project conform to the provisions in the Book of Discipline, 2008 (par. 821) for receiving Advance special gifts?

2) Is this project within the bounds of the South Georgia Conference? Yes No

Give complete physical address:

3) How does this project conform to the highest priorities of the Annual Conference ("To make Disciples for Jesus Christ.")?

4) How does this project conform to the goals of The Advance in the Book of Discipline (Par. 821)?

5) Please submit the following:

! List of Personnel roster (names, addresses, phone numbers, etc)

! Description of facilities (as applicable), include photos as needed

! Funding Plan:

>Past year's budget (include income sources)

>Current year's budget (include income sources)

>Documentation of funds received (if any) from the South Georgia Annual Conference

6) What ongoing liaison relationship does this project have with the Committee on Mission of the South Georgia Conference or the United Methodist Church?

7) If this is an ecumenical project, what is the United Methodist representation on the governing board? (attach separate sheet if necessary)

Name

Address

Phone Number

FAX

8) **Please attach statement** of the financial activity of the past (12) twelve months.

9) If this is a volunteer project beyond the bounds of the South Georgia Conference Episcopal Area, **please submit a request** for the initiation of the project from the appropriate judicatory office in the designated area.

10) If this is a volunteer project beyond the bounds of the South Georgia Conference Episcopal Area, **an annual renewal must be submitted** for the continuation of the project from the appropriate judicatory office in the designated area.

Steps in the Application Process:
(Some of these steps may be done simultaneously, but each must be accomplished).

CHECK LIST

Application form completed

Requested Documentation included

List of Personnel roster (names, addresses, phone numbers, etc).

Description of facilities (as applicable), include photos as needed.

Funding Plan:

Past year's budget (include income sources)

Current year's budget (include income sources)

Documentation of funds received (if any) from the South Georgia Annual Conference

Statement of the financial activity of the past (12) twelve months

Application submitted to the Conference Secretary of Global Ministries (Conference Missionary Secretary) on _____
(Date)

Application approved by the Office of Connectional Ministries **Outreach Team**

Application approved by the South Georgia Annual Conference (June _____).

Advance Mission Special number requested from the Administrator Services Office.

Advance Mission Special number (_____) assigned by the Administrator Services Office.

PHOTO COPY AS NEEDED

MAIL COMPLETED APPLICATION MATERIAL TO:

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<p>Conference Secretary of Global Ministries P.O. Box 20408 St. Simons Island, GA 31522</p>		

Questions: **Phone: 888-266-7642 or (912) 638-8626**