ALEDO UNITED METHODIST CHURCH MISSIONS COMMITTEE

REQUEST FOR FUNDING FOR MISSIONS OR OUTREACH

PROGRAM/PROJECT

Project/Organization Seeking Funding_____

Contact Person _____ Phone _____

Project Title _____ Amount Requested $_____

Program/Project Date _____ Date Funds are Needed _____

Justification for Request (Needs Statement): _____

_____

_____

_____

Are there currently any other organizations providing similar activities/support to the intended organization? If Yes, please explain

_____

_____

Current/Existing Funds Available $_____

Additional sources of funding (i.e., fund raisers, participant fees):

_____

_____

Detailed breakdown of amount requested (use reverse side, if needed):

Signature of Contact person_____ Date_____