

Centenary United Methodist Church Missions Grant Application

Application Date: _____

Applicant's Legal Name (as shown on IRS Letter of Determination): _____

Org Website: _____

Doing Business As (if different from legal name): _____

Address: _____

City: _____

State: _____ Zip Code: _____

Telephone #: _____

Executive Director (or Top Executive): _____

Tax ID #: _____

Main Contact(s) for this Proposal: _____

Phone #: _____

Email Address: _____

Board President: _____

Phone #: _____

Email Address: _____

Applicant's tax-exempt status/IRS designation (e.g. 501(c)(3), 501 (c)(9), etc.) (Attach a copy of the IRS Letter of Determination) : _____

It not a 501(c)(3) Nonprofit, then who is fiscal agent? _____

Organizations' Mission Statement:

Project/Campaign Name (if general operating, please indicate): _____

Proposal Summary – In 100 words or fewer summarize the purpose of this request. (Please attach)

Funding Period Requested (be specific): ___/___/___ through ___/___/___

Amount Requested: \$ _____

Total Project Budget for this period (not required if general operating request): \$ _____

Current Annual Organizational Budget: \$ _____

Organization Fiscal Year: ___/___/___ through ___/___/___

Previous Centenary United Methodist Church Mission Grant Funding History:
