



APPLICATION Alabama-West Florida Conference

PROJECT NAME:	Application date:		
PROJECT DESCRIPTION: Implimit (approx). The name and description will	portant! Please write a <u>brief phras</u> Il be used for publicity purposes. <u>DC</u>	e or statement that describes your project - <u>200 character</u> <u>DNOT attach in a separate sheet</u> . This is for the brochure.	
PROJECT REQUEST TYPE: (C	hoose <u>New</u> or <u>Continue</u>)		
\square New – check here if the pro	oject has NEVER been an AWF	C Advance project	
Current or former AWFC A	dvance project number:	Advance project any time in the past nce?	
PROJECT LOCATION:			
Street address:			
		Postal Code:	
	AWF District:		
	Fax:		
PROJECT CONTACT:			
Name and Title:			
Phone:	Emai	:	
	address is different from loc		
Street address:			
City:	State:	Postal Code:	
County:	AWF	District:	
PROJECT SPONSOR:			
	Fitle of Sponsoring Organization	, such as an agency or church creating the project)	
		Postal Code:	
		nail:	

		Project Name:			
PROJECT DETAILS:					
Number of paid empl	oyees:	Number of active volunteers	5:		
Estimated number of	people that v	will be impacted by this project:			
Percentage organizat	ion allocates	to:			
		Fund raising:%; Prograi	mming: %		
		_			
Does your organization	have 501(c)(3	3) status? U No U Yes (includin	ng if church-based)		
Note: No Advance money may be used for administrative purposes. The financial support is for (check one): Additional Financial support Support to enable the initiative of a new and independent project Support to enable a new project component of an ongoing project or program Other:					
BUDGET SUMMARY:					
Income: Individual donors:	\$	Expenses: Administration:	\$		
Grants, Foundations:			\$ \$		
AWFC Churches:	\$		\$		
Organizations*:	\$		\$		
Fundraisers:	\$		\$		
Other income:	\$				
Total Income:	\$		\$		
* Could include United Way, the AWF			<u> </u>		
BUDGET DETAIL: Attach and all income from other		lget Information, including a generalize	ed list of expenses		
AUDIT: Date of Annual Audit:		Auditor:			

Note: Being an approved Conference Advance project does not guarantee receipt of any financial offerings or gifts. It does, however, allow you to present your project to AWFC congregations for fund-raising efforts.

Project Name:	
Project Name.	

DESCRIPTION: (Attach additional pages)

Background - Please describe the area served by your project and the people who live in that area. **History** - Briefly describe the history and major accomplishments of your church/organization/project over the last 5 - 10 years

<u>Mission</u> - What is the main purpose of your project? What are the major goals of your project? Be specific and realistic when stating goals. Remember, a goal is measurable. (e.g., provide 100 after-school meals for children while providing basic tutoring and music lessons; NOT - Involve children and parents in church related activities after school.)

<u>Ministry</u> - How does your organization work and serve "with" the poor instead of "to" or "for" the poor? See the book "Toxic Charity" by Robert D. Lupton.

Expectations - What would an Advance gift to your project help you to accomplish? How would a gift make a difference to a person (or persons) with whom you are in ministry? (Please give examples that are as simple, clear, and "human-interest" as possible.)

<u>Promotion</u> - Please enclose photos, stories, newsletters, brochures, videos, or any other materials that would help to explain and promote your project.

<u>Goals</u> - What measurable goals does your organization have for the upcoming two years? <u>Board of Directors</u> - Include a complete list of your mission/ministry Board of Directors

FEEDBACK:

In order to maintain CASS (Conference Advance Special Status), an annual written project evaluation report must be submitted to the Conference Advance Committee. This will also enable the Conference Advance Committee to continue to promote your project and for your project to continue to receive funds. The committee will provide the feedback forms to approved projects.

SIGNATURES: Contact Person/Project Holder:	Date:
Pastor:	Date:
District Superintendent:	Date:

Return completed applications to:

Susan Hunt 4719 Woodmere Boulevard Montgomery, AL 36106 334-356-8014 susan@awfumc.org