



APPLICATION Alabama-West Florida Conference

Complete the form by using the "tab" key to toggle between entry fields

PROJECT NAME: _____

Application date: _____

PROJECT DESCRIPTION: Please write a brief phrase or statement that describes your project - 200 character limit (approx).
The name and description will be used for publicity purposes.

PROJECT REQUEST TYPE: (Choose New or Continue)

New - check here if the project has NEVER been an AWFC Advance project

Continue - check here if the project has been an AWFC Advance project any time in the past

Current or former AWFC Advance project number: _____

During what years has this project been an AWFC Advance? _____

PROJECT LOCATION:

Street address: _____

City: _____ State: _____ Postal Code: _____

County: _____ AWF District: _____

Phone: _____ Fax: _____

Website: _____

PROJECT CONTACT:

Name and Title: _____

Phone: _____ Email: _____

Complete if project contact address is different from location address:

Street address: _____

City: _____ State: _____ Postal Code: _____

County: _____ AWF District: _____

PROJECT SPONSOR: _____

(Name/Title of Sponsoring Organization, such as an agency or church creating the project)

Street address: _____

City: _____ State: _____ Postal Code: _____

Phone Number: _____ e-mail: _____

Project Name: _____

PROJECT DETAILS:

Number of paid employees: _____ Number of active volunteers: _____

Estimated number of people that will be impacted by this project: _____

Percentage organization allocates to:

Administration: _____%; Fund raising: _____%; Programming: _____%

Does your organization have 501(c)(3) status? No Yes *(including 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: \$ _____
 Grants, Foundations: \$ _____
 AWFC Churches: \$ _____
 Organizations*: \$ _____
 Fundraisers: \$ _____
 Other income: \$ _____

Total Income: \$ _____

Expenses:

Administration: \$ _____
 Salaries & benefits: \$ _____
 Programming: \$ _____
 Fundraising: \$ _____
 Other expenses: \$ _____

Total Expenses: \$ _____

* Could include United Way, the AWFC Conference, Rotary Clubs, etc.

BUDGET DETAIL: Attach Line-Item Budget Information, including a generalized list of expenses and all income from other sources.

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: _____

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**Mission** – 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.)**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.)**Promotion** – Please enclose photos, stories, newsletters, brochures, videos, or any other materials that would help to explain and promote your project.**Goals** – What measurable goals does your organization have for the upcoming two years?**Board of Directors** – 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:

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