

Request No.: _____
Action: _____

***Central United Methodist Church
Allocation Committee***

APPLICATION FOR FUNDS

Please complete the information below as briefly and descriptively as possible, attach any supporting data which would aid the Allocation Committee in its review, and deposit the request at the church office at 17 Nanticoke Avenue, Endicott, NY 13760.

NAME OF INDIVIDUAL OR ORGANIZATION SUBMITTING REQUEST:

DATE SUBMITTED:

DESCRIPTION OF THE PROJECT OR NEED:

**SPECIFIC PURPOSE OR JUSTIFICATION FOR THE ALLOCATION MONIES
(IF FOR GENERAL OPERATING EXPENSES, SO NOTE HERE):**

TOTAL AMOUNT REQUESTED AND DATE WHEN NEEDED:

IMPORTANT!!! For established organizations/groups, the committee requests that the most current version of a financial statement reflecting the amounts and sources of income versus the amounts and types of expenses accompany this allocation.

Individual's Name and Phone number for contact:

Name: _____ **Phone:** _____