

Faith United Methodist Church of Orland Park
Request for Endowment Fund Grant

Check One: Outreach In House Date: _____

Person/Organization/Committee
Seeking Assistance: _____

Contact Person: _____ Phone No. _____

Address: _____
City State Zip Code

If approved, check payable to: _____
Address (if different from above) _____

Amount of Assistance Requested: _____ Date Needed: _____

FOR OUTREACH:

Please explain in detail the purpose of your request and the expected benefit if granted.
Attach an extra page if necessary.

References: Who is able to verify your need. Include name, address and phone number
for at least two references.

What other efforts have you made to acquire these funds?

Is there a need for confidentiality? Yes No If yes, please explain.

Date Received: _____
Request Sub-Committee Recommendation: _____ Date: _____
Endowment Fund Action: Amount _____ Approved Denied

Use Reverse for IN HOUSE Request

FOR IN HOUSE:

Please explain in detail the purpose of your request and the expected benefit if granted. Attach an extra page if necessary.

Have you asked the Church Treasurer if funds have been budgeted for this activity/purchase? Yes No

Have you undertaken any efforts to raise the needed funds? Yes No
Please explain.

Are you willing to raise a portion of the needed funds from other fundraising activities? Yes No If no, why not?

If this request is for a purchase for Church use, who will use it, for what activity, and how often?

If this request is for an activity or program, who do you expect will participate or benefit from it?

If approved, what or how will this request help grow Church membership?

Please explain how you feel that your request helps the Church carry out its Mission.

Remember to support your church's mission in Christ through including the church in your will, trust and estate planning. If you need assistance, please contact the Endowment Committee.