

Request No.: _____
Action: _____

**Central United Methodist Church
Allocations Committee
APPLICATION FOR FUNDS**

Complete the information below as briefly and descriptively as possible. Attach any supporting data which would aid the Allocations Committee in its review. Deposit the request at the church office at 17 Nanticoke Avenue, Endicott, NY 13760 or email to centralumc@stny.rr.com.

NAME OF INDIVIDUAL SUBMITTING REQUEST: _____

CONTACT TELEPHONE AND/OR EMAIL: _____

**ON BEHALF OF WHICH
COMMITTEE/ORGANIZATION:** _____

DATE SUBMITTED: _____

DESCRIPTION OF THE PROJECT OR NEED:

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

AMOUNT REQUESTED: _____ **DATE 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.

If approved by Church Council,
check should be made payable to: _____

Name and address to whom the check should be sent:

Name **Address**