**FIRST UNITED METHODIST CHURCH OF GERMANTOWN**

**Community Needs Committee**

Organization Name:

Address:

Phone: Website/Social Media:

Director/President: Contact:

1. Amount of Request:

2. Purpose of organization and brief summary of goals:

3. Program description for funding request:

1. What need does the program address?
2. List specific goals and objectives of the program.
3. Describe how the program will function.
4. What means of evaluating the outcome is available ( if any)?

4. How does this program fit into your overall agency operations? IE Is this time-limited or an ongoing project?

5. Program Budget

 A. Personnel expenses: Specify Positions $

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total personnel:

 B. Other Expenses: Itemize, specifying amounts of each

 Total Program Budget:

6. Total Annual Operating Budget of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_

7. Is your organization a 501c3? Also, please list your Board of Directors if applicable.

8. Additional comments: Tell us anything else you would like us to know.

**Please Submit Application by Monday, March 3.**

**Thank you for all you are doing in the community.**