

Church Name				
Mailing Address				
Phone				
Project Coordinator				
Phone				
Application Date:		Date received:		
Please provide a detailed des	scription of the project including picto	ures if availabl	e. (Attach extr	ra pages as needed
disciples of Jesus Christ for the Jesus' call to grow in love of	this Builders project: a) aligns with t he transformation of the world. b) i God and neighbor, reach new people	s a vision for a , and heal a br	III congregation	ns to live out
Cost of Project	Start-up	Date		
Funds on hand for this project		Loans taken_		
Pledges/Fundraisers projecte	ed or planned			
Other funds on hand: ie, CD's	, , , , , , , , , , , , , , , , , , , ,			
Were Apportionments paid at 100% for the previous year?		Yes	No	
If not, have you made strives towards your Apportionments goal?			No	
Have you visited with the Conference Treasurer about your future plans to work towards your Apportionments goal?		Yes	No	
Project has been approved by your church/administrative board.		Yes	No	
Approval Signatures:				
District Superintendent ap	oproval provided by e-mail and is atta	ached to applic	cation. Yes	No
Project Coordinator	Trustee Chair	Pastor		

Send completed application to: Dakotas United Methodist Foundation* PO Box 460 * Mitchell, SD 57301 or e-mail info@dakotasumf.org