

Seward United Methodist Church Foundation, Inc.
A 501(c)3 organization
Fund Request Form

Please submit your funding request to the SUMC Foundation through the church office by the first Monday of the month for consideration to be made at that month's meeting. Approval is dependent upon fund availability for the purpose designated. Most funds given to the Foundation are restricted for specific use areas by the donors.

Requesting Individual or Committee Information:

Committee/individual making request _____

Signature of contact person submitting request _____

Telephone _____

Authorizing signature of chairperson for committee making request

_____ Date submitted _____

Grant Request Information:

Amount requested _____ Approximate date funds needed _____

Funds will be used for: (check one)

____ Building and Facilities ____ Missions ____ Education

____ New Ministries ____ Worship and Music ____ Scholarships

Indicate here or on separate sheet why these funds are needed and prioritize needs if appropriate.

SUMCF Action:

__ Approved grant in the amount of \$ _____ on _____ (date)

__ Denied grant request on _____ (date)

Reason for denial: _____

SUMCF officer's signature: _____

*Expenditures on approved grants must be submitted to the Foundation treasurer
within 12 months following approval.*