

San Angelo District Mission Fund Application

(Please Type or Print Report)

Name of Board/Entity/Group Submitting:	Date:
Subcommittee or task force (if applicable):	
Person Responsible:	Phone:
Address:	
City/State/Zip:	
For Budget Year: 2009	
<p>A. The United Methodist Church for the next quadrennium has as one of its four areas of focus: Developing principled Christian leaders for the church and the world; and the District focus will be Children/Youth. With this focus in mind, the District Council on Ministries will seek to further this priority in the decisions made and actions taken.</p>	
<p>B. The primary task of the local church is to make and equip Disciples. Program designs should have a clear and well defined plan for uncovering and addressing community needs, with the primary focus of Offering Christ to All and making and equipping Disciples.</p>	
<p>C. All programs receiving any funding from the San Angelo District Mission Fund should include the following statement in any printed publicity or registration materials: "This Program is funded in part by the San Angelo District Council on Ministries of The Southwest Texas Annual Conference of The United Methodist Church."</p>	
<p>1. Program/Project Information:</p> <p>What: Where:</p> <p>When: Who's involved:</p>	
<p>2. Goal Statement of Proposed Program/Project:</p>	
<p>3. A Brief Statement of Rationale for DCOM Funding:</p>	

4. Budget for Program/Project: (Attach detailed budget information for anticipated income and expenses.)

Total amount requested from the San Angelo District Fund:

Other sources of monies received:

Total anticipated cost:

5. Name of agency and address to whom check is to be made and sent:

6. How will you measure the impact of this program and who will be responsible for measuring?

Note: Should your program receive San Angelo District Council on Ministries Mission Funds, we request that you provide a written evaluation of your program and the impact of the Mission Funding.

Entity/Board:

Authorized Signature:

FOR DCOM USE ONLY

Date Received:

DCOM Action/Recommendation:

Remarks:

Amount Approved: