

The United Methodist Church, Southeastern Jurisdiction

THE RENFRO TRUST FUND

Application Form

- **Read attached Renfro Trust Fund Guidelines before completing form.**
- **All information, except signatures, must be typed.**
- **Local Churches are to complete all sections through Part I (pages 1-3) including signatures and then send the completed application by August 15 to their Conference Secretary of Global Ministries (CSGM) or Director of Connectional Ministries (DCM) at renfro.grant@twkumc.org**
- **The CSGM or DCM is to complete Part II (page 4) and submit approved applications by September 1 to the SEJ CSGMs for review and consideration by Renfro Trust Review Committee.**

PART I

GENERAL CHURCH INFORMATION

Date:

Church Name:

Address:

District / Annual Conference:

Year church was organized:

Average in person attendance at worship:

Present membership:

Grant Amount Requested:

Has your church applied for this grant previously? ____ Yes ____ No. If yes, what year? ____

Note: A previous application for which you were not awarded a grant does not disqualify this application.

NARRATIVE SECTION

What is your project and how will it benefit your church?

How diverse or inclusive is your congregation when it comes to age, gender, racial background, and socio-economic status?

How will the project for which you are requesting funding impact the mission and outreach programs of your church?

FINANCIAL INFORMATION

Income:

Cash on hand \$

Average Monthly Giving: \$

Expenses:

Debt (Outside of Mortgage) \$ _____

Existing mortgage balance remaining \$ _____

Project:

What is the total estimate of this project? \$ _____

Your church's contribution toward this project: \$ _____

Support for this project from: Conference \$ _____ District \$ _____

Would this Renfro donation, if granted, complete your project? _____ Yes

_____ No If not, how will additional funds be provided?

What percentage of your apportionments did your church pay the last three fiscal years?

_____ % ; _____ % ; _____ %

****Attach the church's financial report from the most recent fiscal year.**

PRESENT STATUS OF BUILDING PROJECT

_____ Early stage of planning _____ Preliminary sketches prepared by an architect
_____ Architectural and financial plans approved by District
_____ Detailed drawing completed by an architect
_____ Building is under construction and expected date of completion is _____.
_____ Building is ready for use.

CERTIFICATION BY PASTOR, CHURCH BOARD, AND DISTRICT SUPERINTENDENT

We hereby certify that we have examined the statements given in this application and they are correct.

Pastor (please print name) _____

Address, City, State, Zip _____

Work Phone _____ Cell Phone _____

E-Mail Address _____

Signature _____ Date _____

Chair of Church Council or Board (please print name) _____

Address, City, State, Zip _____

Work Phone _____ Cell Phone _____

E-Mail Address _____

Signature _____ Date _____

District Office:

The district office has approved the project, and we recommend a grant of \$ _____

District Superintendent (please print name) _____

Address, City, State, Zip _____

City, State, Zip _____

Work Phone _____ Cell Phone _____

E-Mail Address _____

Signature _____ Date _____

PART II

CERTIFICATION OF CONFERENCE BOARD OF GLOBAL MINISTRIES/MISSIONS (or other conference body duly authorized to certify)

At a meeting of the _____ of the _____ Annual
Conference, duly convened on the _____ day of _____, 20____, the foregoing application for
a grant from the Renfro Trust Fund, was carefully examined, and it is recommended that a grant of
\$ _____ be considered. This project is ranked # _____ on the conference priority list.

Conference Secretary of Global Ministries/Missions

Name (*please print name*) _____

Address _____

City, State, Zip _____

Signature _____ Date _____

Note – DCM signature only required in place of a Secretary of Global Ministries/Missions.

Director of Connectional Ministries

Name (*please print name*) _____

Address _____

City, State, Zip _____

Signature _____ Date _____

Conference Send to: **Renfro Trust Fund**
Katy Wrona
6215 Overlook Road
Mobile AL 36618

Deadline for receipt of completed application to the SEJ is September 1 each year.

(Do not write below- Office use only)

Date Received _____

Received and verified complete by _____