

FIRST UNITED METHODIST CHURCH OAK RIDGE

APPLICATION FOR DISTRIBUTION OF ENDURING GIFTS FUNDS

DATE of Application: _____

NAME of Committee or Organization: _____

CONTACT PERSON for Project: _____ **Phone/email** _____

Purpose of needed funds: _____

Amount needed: \$

Has this project been approved by either Church Council or Trustees? _____

☐

Church Council

☐

Trustees

Date of approval:

When are funds needed? _____

Are you receiving funds from other sources for this project?

☐

No

☐

Yes If "Yes", from whom and how much?

\$ _____ **From** _____

Has this committee previously received Enduring Gifts funds for another project?

☐

No

☐

Yes If "Yes",

when? _____

What will be the enduring benefit of this project?

Action taken by EGC: _____