

Permanent Fund Request

To: The Allocations/Memorials Committee, First United Methodist Church

A request is hereby made to allocate a portion of the earnings from the Permanent Fund as follows:

Contact Information	
Name of Requesting Organization: _____	
Name of Contact Person: _____	
Address: _____	
Street/PO Box: _____	Unit/Apt. #: _____
City: _____	State: _____
Email: _____	
Phone #: _____	

Organization Mission:

Annual Budget:	\$	_____
Portion Raised:	\$	_____
Portion Pledged:	\$	_____

Officers and/or Board Members:

References (please include FUMC member name, if applicable):

Amount Requested: \$ _____

(Continued on reverse)

Use additional sheets, as needed

Description of how this allocation will be used:

Please list other sources of income (attach additional sheets as necessary):

Discussion of ongoing funding plan, if any:

Date: _____ Signature: _____

NOTE: DEADLINE FOR REQUESTS IS MAY 3.

FOR COMMITTEE USE ONLY	
Approved by: _____	Date: _____
Disapproved by: _____	Date: _____
Comments: _____	

Email completed form to: mark.mckeage@gmail.com

Mailing? Send to: Allocations/Memorials Committee
First United Methodist Church of St Petersburg
212 3rd Street North
St Petersburg, FL 33701