

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 or printed neatly.
- Local Churches are to complete all sections through Part I (pages 1-3) including signatures and then send the completed application by August 1 to their Conference Secretary of Global Ministries (CSGM) or Director of Connectional Ministries (DCM). Find your CSGM or DCM at <http://www.sejumc.org/renfrotrustfund>
- 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

We, the undersigned, for the Trustees of _____ United Methodist Church,
in _____ County, _____ District,
_____ Annual Conference, being authorized by the Charge Conference
or Administrative Council on _____ (date), do apply for a Grant in the amount of \$ _____
for the purpose of (be specific):

GENERAL CHURCH INFORMATION

Year church was organized _____. Average attendance at worship _____.

Present membership _____. Church school enrollment _____.

Average attendance at Church School _____.

Mailing address (including city, state, zip) _____

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.

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

Other than this project, recent major expenditures and related incurred debt \$ _____

Cash on hand \$ _____. Existing mortgage balance remaining \$ _____

Pledges made on existing mortgage: \$ _____

Other debt \$ _____ For: _____.

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 most recent fiscal year? _____%

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

FIELD AND OPPORTUNITY FOR GROWTH

Our church type is a station _____; circuit _____ consisting of _____ churches in the _____ charge.

Street Address (including city, state, zip) _____

The estimated population of our town/city is _____ or the population of the nearest town/city is _____ and is _____ miles away. The closest United Methodist church to our location is _____ UMC which is _____ miles away. The present estimated total value of the property is \$ _____

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**
James Keech
1524 Oak Forest Drive
Ormond Beach, FL 32174

Or to jkeech@umcmmission.org

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 _____