

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 to their Conference Secretary of Global Ministries (CSGM) Icel Rodriguez at the Office of Missions at 450 Martin Luther King, Jr. Avenue, Lakeland, FL 33815. Deadline for receipt of completed application by the Florida Conference is July 29, 2019.
- The CSGM or DCM is to complete Part II (page 4) and submit approved applications by the deadline to 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 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): _____

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 capital 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?

FIELD AND OPPORTUNITY FOR GROWTH

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

Street Address _____

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.

A recent survey of our local community has has not been made. The dimensions of
our church lot are _____ and it cost \$ _____.

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 \$ _____ be considered.

District Superintendent (please print name): _____

Address, 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**
c/o Susan Hunt, Renfro Trust Grant Coordinator, CSGMs
4719 Woodmere Boulevard
Montgomery, AL 36106

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

(Do not write below – Office use only)

Date Received: _____

Received and verified complete by: _____