



Application for Funding or Advance Endorsement
Conference Board of Global Ministries
Wisconsin Annual Conference
United Methodist Church

Return Requests and Questions to: Rev. Paul Armstrong, BGM chair, PArmstrong@wisconsinumc.org, (414) 354-4477, 5736 W Brown Deer Rd, Brown Deer, WI 53223-2308

Ministry Name: _____
Contact Information:
Contact Person(s): _____
Address: _____
City: _____ State: _____ Zip code: _____
Phone: (____) _____
Fax: (____) _____
Website: _____
Email: _____
<i>Is this also the person to whom checks (whether through direct funding, ADVANCE or other contributions) should be sent? If not, please also list that contact information below</i>
Checks should be made out to:

Attention: _____
Address: _____
City: _____ State: _____ Zip code: _____
Phone (____) _____
Email _____

Briefly describe the Ministry, including purpose and brief history.

What are some recent accomplishments of your ministry? Please give specific personal stories when possible. (Note: These may also be used in the Board of Global Ministries Annual Report.) If possible consider ways in which the Ministry supports the 4 areas of focus set by the General Board of Global Ministries for the 2012-2016 quadrennium? (1- Make disciples of Jesus Christ. 2- Strengthen, develop, and renew Christian congregations and communities. 3- Alleviate human suffering. 4- Seek justice, freedom, and peace))

Please list and explain goals for the next five years. Include how the Ministry will support the Mission of the Wisconsin Annual Conference of the United Methodist Church - "To make disciples of Jesus Christ for the transformation of the World".

Financial Information

- Total actual and budgeted revenue and expenses for the past and current fiscal years, and year of request. Attach support material.

	<i>Income</i>	<i>Expenses</i>
2014 (Actual)	_____	_____
2015 (YTD)	_____	_____
(Budgeted)	_____	_____
2016 (Budgeted)	_____	_____
2017 Advance Request	_____	
2017 Budget Request	_____	

How will funds be used? Provide specific examples of how the money will be spent. How will you determine the impact of the support provided? Explain how you will evaluate the value/ benefit derived from this support?

Signatures:

Person completing this form: _____ Date: _____