**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:**

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| **Contact Information** |
| **Name of Requesting Organization or Individual:** |  |
| **Address:** |  |
| **Street/PO Box:** |  | **Unit/Apt. #:** |  |
| **City:** |  | **State:** |  | **Zip Code:** |  |
| **Email:** |  |
|  |  |  |  |  |  |  |

**Organization Mission:**

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| --- | --- |
| **Annual Budget:** | $ |
| **Portion Raised:** | $ |
| **Portion Pledged:** | $ |

**Officers and/or Board Members:**

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

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| --- | --- |
| **Amount Requested:** | $ |

 **(Continued on reverse)**

 **Use additional sheets, as needed**

**Description of how this allocation will be used:**

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

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**Method of payment requested (lump sum or installment):**

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**Discussion of ongoing funding plan, if any:**

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|  |
| **Date:** |  | **Signature:** |  |

**NOTE:
ABSOLUTE DEADLINE FOR REQUESTS IS APRIL 30, 2019.**

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| **FOR COMMITTEE USE ONLY** |
| **Approved by:** |  | **Date:** |  |
| **Disapproved by:** |  | **Date:** |  |
| **Comments:** |  |
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| --- | --- |
| **Send 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** |