**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 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**](mailto: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** |