

West District Mission Fund Application

The West District Strategy Team (DST) oversees the District Mission Fund. Funds may be requested for new programs or for programs your congregation would like to initiate. The application should be completed and forwarded to the West District Office, District Mission Fund, 1315 S. Abe St., San Angelo, TX 76903. You will receive a response to your request following the DST's next meeting. Please address any questions to the District Office, (325)486-1500, or email Bun Jackson, bunjackson@centurytel.net.

(Please Type or Print Report)

Name of Board/Entity/Group Submitting:		Date:
Subcommittee or task force (if applicable):		
Person Responsible:		Phone:
Address:		
City/State/Zip:		
For Budget Year:		
<p>The primary task of the local church is to make and equip Disciples for the transformation of the world. Program designs should have a clear and well defined plan for uncovering and addressing community needs, with the primary focus of reaching new people in new places.</p> <p>All programs receiving any funding from the West District Mission Fund should include the following statement in any printed publicity or registration materials: "This Program is funded in part by the West District Strategy Team of The Rio Texas Annual Conference of The United Methodist Church."</p>		
1. Program/Project Information:		
What:	Where:	
When:	Who's involved:	
2. Goal Statement of Proposed Program/Project:		
3. A Brief Statement of Rationale for District Funding:		

4. Budget for Program/Project: (Attach detailed budget information for anticipated income and expenses.)

Total amount requested from the West District Fund:

Other sources of monies received:

Total anticipated cost:

5. Name of agency and address to whom check is to be made and sent:

6. How will you measure the impact of this program and who will be responsible for measuring?

Note: Should your program receive West District Mission Funds, we request that you provide a written evaluation of your program and the impact of the Mission Funding.

Entity/Board:

Authorized Signature: _____

FOR DST USE ONLY

Date Received: _____

DST Action/Recommendation: _____

Remarks:

Amount Approved: _____