

SARDIS PRESBYTERIAN CHURCH

Request for Financial Assistance

DATE OF APPLICATION: _____

NAME OF ORGANIZATION: _____

ADDRESS: _____

_____ ZIP _____

CONTACT PERSON: _____

TELEPHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

AMOUNT OF ASSISTANCE REQUESTED \$ _____

PERCENTAGE OF ANNUAL BUDGET FOR ADMINISTRATION _____%

PERCENTAGE OF ANNUAL BUDGET FOR CLIENT SERVICES _____%

NUMBER OF CLIENTS YOU SERVE ANNUALLY? _____

WHO ARE YOUR CLIENTS?

WHAT IS THE OVERALL MISSION OF YOUR ORGANIZATION?

SPECIFICALLY, HOW WILL THE REQUESTED FINANCIAL ASSISTANCE BE USED?

DO YOU CURRENTLY HAVE A VOLUNTEER OR FINANCIAL CONNECTION WITH SARDIS PRESBYTERIAN CHURCH? IF SO, PLEASE DESCRIBE.

WHAT OPPORTUNITIES EXIST IN YOUR ORGANIZATION FOR VOLUNTEER WORK?

Financial Summary (as of your most recent year end)

Please send a copy of your latest year end financial statement or provide the following:

Total Contributions received	\$ _____
Total other income	\$ _____
Total expenses	\$ _____
Total assets	\$ _____

*****PLEASE INCLUDE DOCUMENTATION OF YOUR TAX EXEMPT STATUS WITH THIS APPLICATION.**

PLEASE LIST MAJOR SOURCES OF YOUR INCOME.

WHAT PARTICULAR PROJECTS OR NEEDS WOULD YOU LIKE US TO BE AWARE OF?

Please fill out the application, attaching additional sheets as needed. Include written or printed information about your application.

RETURN TO: SARDIS PRESBYTERIAN CHURCH
CHAIR, MISSION INTERPRETATION MINISTRY
6100 SARDIS ROAD
CHARLOTTE, NORTH CAROLINA 28270

THE DEADLINE FOR THIS APPLICATION IS: SEPTEMBER 30, 2016