



MOUNTAIN VIEW DISTRICT MISSION BOARD
UMC/UMC-RELATED ORGANIZATION APPLICATION FOR MISSION ASSISTANCE

1. Organization Name _____
 2. Organization Address _____
 3. Relationship to UMC/VA Conference _____
 4. How many people are impacted/helped/served by your organization annually? _____
 5. Total Annual Budget? _____
 6. Amount of Annual Budget spent for Staffing/Overhead? _____
 7. Amount of Annual Budget spent on work in the community? _____
 8. Amount received annually from:
Mountain View District _____ Year(s) _____
Virginia Conference _____ Year(s) _____
UMC Denominational Sources _____ Year(s) _____
 9. PURPOSE OF APPLICATION (Please make clear if there are partnerships with other churches/organizations).

 10. Projected Cost of the Project _____
 11. Total Indebtedness of the Organization _____
 12. Cash on Hand for Project _____ Other Resources _____
 13. Amount requested in this application _____ Date _____
 14. Amount Previously received for the project:
Mountain View District* _____ Year(s) _____
Virginia Conference _____ Year(s) _____
Other _____ Year(s) _____
- *Please include funds received from the Danville or Lynchburg Districts that preceded the Mountain View District
15. Name and address of one to receive the grant _____

Executive Director/President/CEO

Chair of the Board of Directors (If applicable)

**IF YOU WOULD LIKE TO PROVIDE ADDITIONAL INFORMATION,
PLEASE ATTACH AN ADDENDUM TO YOUR APPLICATION.**

PLEASE SEND COMPLETED FORM TO REV. RYAN WARE – ryanware@vaumc.org