

### MORGAN FUND APPLICATION

Please read entire form and instructions on back of form before filling out the form.

|                             |                        |                        |                             |
|-----------------------------|------------------------|------------------------|-----------------------------|
| <b>Activity* Name:</b>      | <b>Activity Date :</b> | <b>Contact Person:</b> | <b>BSUMC Staff Contact:</b> |
|                             | Name:                  |                        |                             |
| <b>Requesting Ministry:</b> | Telephone:             |                        |                             |
|                             | e-mail:                |                        |                             |

**Description of activity.** Please provide enough information so that evaluators can get a thorough understanding of the activity. (Use separate pages as necessary.)

|   |  |
|---|--|
| <b>Type of activity (Check as applicable)</b>   | <b>If activity has a speaker/facilitator/leader include documentation such as bio; website; etc.</b>             |
| One time activity                               | <b>Please include contact information of speaker and/or organization receiving funds. Use separate sheet(s).</b> |
| Innovative activity requiring seed funds        |  |
| Recurring request for which there is no funding |  |

**How does activity impact Christian education :**

|  |  |
|--|--|
| Estimated number of BSUMC members affected:    |  |
| Estimated number of Community people affected: |  |

Define the specific ministry goals for the activity and the expected impact the activity will have on the target audience: (Use separate pages as necessary.)

**Describe what impact the Morgan Funds will have on the activity:** (Use separate pages as necessary.)

**Publicity plan for activity:** (Use separate pages as necessary.)

**Evaluation plan after activity concluded:** ( Relate to goals and impact as stated above. Use separate pages as necessary.)

**Church resources needed:** (e.g. Sisk Hall, kitchen, A/V equipment, etc.)

**Non-church resources needed:** (e.g. police presence, Lake Junaluska, facilities of other churches, etc.)

| Financial Information     |  |                        |  |
|---------------------------|--|------------------------|--|
| Expenses                  |  | Estimated Revenue      |  |
| Speaker/ Leader cost      |  | Ticket sales           |  |
| Travel/Lodging/Meals cost |  | attendees x ticket \$: |  |
| Materials/supplies cost   |  | Contributions          |  |
| Publicity costs           |  | From Ministry budget   |  |
| Venue costs               |  |                        |  |
| Additional costs          |  |                        |  |
| <b>TOTAL</b>              |  | <b>TOTAL</b>           |  |

**TOTAL FUNDS REQUESTED**

| ADMINISTRATIVE USE ONLY          |                                       |                                      |
|----------------------------------|---------------------------------------|--------------------------------------|
| Date rec'd by David Stubbs:      |                                       | Sr. Minister approval:               |
| Date presented to Adult Council: | Decision of Adult Ministries Council: | Maximum funding amount, if approved: |

\* activity encompasses one time events, ongoing or starting programs, and unique ideas for educational experiences.

