

**Application for District Advance Special Status
North Indiana Conference Mission Funding Team**

***Agencies: Return application to the United Methodist District Superintendent's Office in your area
Print or type please***

District _____

Application date _____

NAME OF PROJECT_ _____

ADDRESS OF PROJECT _____ PHONE _____

NAME OF CONTACT PERSON _____ PHONE _____

ADDRESS OF CONTACT PERSON _____

(If different than above)

A. Briefly describe the project _____

B. Identify the missional nature of the project _____

C. Describe the relation of the project to the United Methodist Church (staff, board, financial support, for example)

D. Define your Christian Focus _____

E. We serve the needs of various ethnic groups by _____

- F. A copy of the previous year's financial report **must be included**. Also include Audit Report if available.
- G. A copy of current year's budget and anticipated itemized income must be included.

H. New () Renewal ()

Money received from United Methodist churches in the past two years: Year: _____ Amount: _____
 Year: _____ Amount: _____

Name of person submitting this form: _____ Title _____

Recommendation of District Mission Committee

Agency was visited on (date): _____

Signature _____ Date _____
 (mission chair or designee)

Recommendation of District Superintendent

Signature _____ Date _____

District Superintendent offices: When totally completed, including both signatures above, submit to: Gina Riendeau, PO Box 869, Marion, IN 46952. Agencies must submit applications to the local District Superintendent's office of the United Methodist Church; only applications with complete information will be considered. Keep a copy for your own records.

<p><i>For office use only</i> <i>Action taken by the Conference Mission Funding Team</i></p> <p>Signature _____ Date _____</p> <p>Original application remains with the Mission Funding Chairperson.</p>

(Application Forms are available at the Conference Office or missions at www.nicumc.org)