



**CALIFORNIA – NEVADA ANNUAL CONFERENCE
THE UNITED METHODIST CHURCH**

Council on Native American Ministry

NATIVE AMERICAN SUNDAY FUND

Date: _____
Amount Requested NAS \$ _____

Project No. _____

FUNDING APPLICATION

GENERAL INFORMATION

1. Name of Project _____
2. Descriptive Title _____
3. Submitting organization or church in charge _____
4. Address _____
City, State & Zip _____ Telephone _____
5. a) Project Director _____
b) Contact Person _____
Address _____
City, State & Zip _____ Telephone _____
6. District _____ Geographical Area _____
7. Group Primarily Served _____ Other(s) _____

PROJECT DESCRIPTION

Write a 1-2 page description of your project, addressing the following questions

1. What is the history or background of your project?
2. What are the needs or issues your project seeks to address?
3. What are your project goals in measurable terms?
4. What method or work plan is to be used for achieving your goals?
5. What other funding source have you applied for?
6. Have you received funding from this committee in the past? If so, when? How much?
7. How will you evaluate the project?

BUDGET INFORMATION

Provide the following information:

1. Amount of the request: \$ _____

2. Total of project budget _____
3. Total of organization/church budget: \$ _____
4. Name of project Treasurer _____
Address _____
City, State & Zip _____
5. Current year budget (income and expenditure) for the project. _____
6. Current year budget (income and expenditure) for the sponsoring organization. _____
7. What are your plans for future support? _____

EVALUATION

If you are reapplying for funds, submit a self-evaluation with this application.



Date Submitted

Signature of Applicant

Signature of Administrative Board/Council Chairperson

Signature of District Superintendent