

Financial requests for long term mission support will be reviewed in the 1<sup>st</sup> quarter of each calendar year. To assist in the decision-making process, each applicant must provide the Frisco First Missions Team with a completed application. Recommendation for support will be dependent on the team review and the availability funds. The final recommendation will be determined at the discretion of Frisco First Missions Team. Please complete the following application as applicable to your request.

Applicant full legal name	Preferred name
Organization Name	
Current church membership	When did you become a member
Address	

If you do not attend Frisco First, how did you hear about this church?

#### **CONTACT INFORMATION**

Mailing address	
	City
	State
	Zip
	Country
Home Phone	Cell Phone
Email	Twitter
Facebook	LinkedIn
Instagram	Other
Your website	Org Website

**STATEMENT OF NEED:** (fill out only what is applicable per your current need)

Check one	Application Type	Amount Requested	Monthly	Annually
Individual Mission Support				
	Mission Organization Support			
	One-time Project Support			

*Income Summary:* (estimate in the last 12 months or last annual statement) what percentage of your income was received from the following source types-enter decimals)

% From Individual Donor
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% From Foundations:

% From Other Organizations/Churches

- % From Corporations % From Other Means
- % From Sending Organization \_\_\_\_\_

Total =

Total =

*Expense Summary:* (In the last 12 months (or last annual statement), what percentage of your income was spent in the following areas)

% For Ministry Administration	 % Set aside for reserves	
% For Program, Related Initiatives	% For Other	

% For Partnership/Donor Development

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#### **Application for Mission Support**



Summarize the need for which you are requesting Frisco First partnership: (include the problem you're addressing and the population of the target area)

Primary Goals or Objectives for the Next 24 Months (if you have an organizational strategic plan, please attach a copy to this application)

Existing Partnerships: (2-3 other agencies/orgs who support you or will be partnering with you in the future)



What are you currently doing on a day to day basis to accomplish your Mission Statement and goals?

How do you evaluate your activities to determine effectiveness?

What do you consider "success"?

# **APPLICATION FOR MISSION SUPPORT**

Describe any special training, curriculum or experience that has prepared you for this mission

What are your biggest needs – financial and otherwise?

Tell us about the greatest successes you have experienced as an organization this past year and how did it happen?

What have been some of your greatest struggles as an organization this past year and why?

*How do you report to your supporter's activities, revenue and expenditures, successes, and needs – and how frequently?* 

How do you go about raising financial support?

### **APPLICATION FOR MISSION SUPPORT**

Have you seen life change? Share some stories of how God has used your ministry to bring about change in peoples' lives!

# FAMILY & PERSONAL INFORMATION

#### MARITAL STATUS (COMPLETE ALL THAT APPLY)

	Single				
	Separated	Date of separation			
	Divorced	Date(s) of divorce			
	Widow/er	Date of spouse's dea	th		
	Married	Date of marriage		If Yes, spouses name	
	Children	None			
	Children	Yes, name and date of	of birth of childre	n members involved in t	he mission
	Name	DO	В	Name	DOB
		DO		Name	DOB
	Name	DO	В	Name	_DOB
HIG	HEST LEVE	<b>EL OF EDUCATION</b>	(CHECK ONLY	ONE)	
		shed high school high		·	
ŀ	ligh School I	Diploma or GED	Date		
9	Some College	9	Date	# of hours	
<b>-</b>	Fechnical scl	100l degree	Date	Major/Degree	
I	Bachelor's de	egree Major/Degree	Date		
N	Master's deg	ree	Date	Major/Degree	
F	PhD or profe	ssional degree	Date	Major/Degree	
Oth	er Certificat	ions/Credentials			

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#### CHRISTIAN EXPERIENCE

Briefly describe your salvation experience:

What is your religious background?

Describe how you are currently pursuing God.

# **SPECIAL PROJECT OR EVENTS**

Name of Project/Event:			
Location of Event:			
Expected total cost of Project/Event Amount requested from Frisco First	(attach budget if requesting funds): t:		
Project/Event Date:		Yes	No

What is the purpose of the project/event?

What is the reason for requesting Frisco First's assistance?

Please provide details of the Project/Event (please be sure to note any age limitations)



### **SPECIAL PROJECT OR EVENTS**

It is the practice of Frisco First to engage in the community and the world with not only funds, but with our members. Our intent is to serve not only with our financial resources but also with the transformational potential of life-on-life engagement. If your request for individual, organizational or project supports provides opportunities for volunteers, please complete the following sections.

#### **VOLUNTEERS**

How many Frisco First volunteers could your ministry use effectively?

Daily	Weekly	Monthly	Grou	up Mission Trip	Other	
Do volunteers	need background	checks?	Yes	No		
Times Needed						
Description of	Duties					

# If Frisco First is unable or does not approve your funding request, does your organization still request volunteers? Yes No

Describe any opportunities to serve with your organization: (e.g. construction, relief, orphanages, teaching, team or individual prayer support, ...)

Are there any non-traditional needs where our volunteers could provide support? (i.e. staff leadership development, training, web development, accounting support, admin support, consulting, coaching...)

What ministry resources would be beneficial to you? (e.g. Books, DVD's, Teachings, Worship...)

What is the size/scope of the program/project/event that our volunteers are needed for?

# **APPLICATION INSTRUCTIONS & PROCESS**

# PLEASE INCLUDE THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION

- 1. Completed and signed application
- 2. Your Vision Statement
- 3. Your Mission Statement
- 4. History of your organization
- 5. Statement of Faith, beliefs or religious convictions of your organization
- 6. If applicable, certification and verification of nonprofit status
- 7. A recent mailing, publication or newsletter from you and/or your organization
- 8. Copies of organization Accreditations and/or Certifications

#### **ORGANIZATION INTERVIEW**

Upon receipt, the application will be reviewed by the Frisco First Mission Team to determine if the request is within the scope of the mission guidelines of Frisco First. Depending on the outcome of the review and available funds, you may be contacted for an interview and/or a site visit. The purpose of this interview is to develop the best understanding of your request and to address any questions that we may have.

### **REVIEW AND APPROVAL PROCESS AND TIMETABLE**

Frisco First receives many requests for financial support each year. The Frisco First mission team prayerful reviews each request for financial support. There are many wonderful mission activities taking place locally, nationally and internationally, all engaging in sharing the good news. The selection on ministries to support is not based on a ranking of individual or organization's "worthiness" but rather on the "fit" of the applicant with the current Frisco First mission statement, the operating goals, the program objectives, available funding and the mission focus of Frisco First Church. The Mission Team will prayerfully review all applications and will notify the applicant when a decision has been made by the Mission's team. The Mission Team will make the final recommendation to church leadership.

Submit your completed application and related documents by email to: Email: David Fuquay, Executive Pastor, david.fuquay@friscofirst.church

Signature of person completing the application request

**Print Name** 

Signature

Title

Date



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