

The United Methodist Church, Southeastern Jurisdiction

THE RENFRO TRUST FUND

Application Form

- Read attached Renfro Trust Fund Guidelines before completing form.
- All information, except signatures, must be typed or printed neatly.
- Local churches are to complete all sections through Part I (pages 1-3) including signatures and then send the completed application by August 1 to their Conference Secretary of Global Ministries (CSGM) or Director of Connectional Ministries (DCM). Find your CSGM or DCM at <http://www.sejumc.org/renfrotrustfund>
- The CSGM or DCM is to complete Part II (page 4) and submit approved applications by September 1 to SEJ CSGMs for review and consideration by Renfro Trust Review Committee.

PART I

We, the undersigned, for the Trustees of \_\_\_\_\_ United Methodist Church, in \_\_\_\_\_ County, \_\_\_\_\_ District, \_\_\_\_\_ Annual Conference, being authorized by the Charge Conference or Administrative Council on \_\_\_\_\_ (date), do apply for a Grant in the amount of \$ \_\_\_\_\_ for the purpose of: *(be specific)*

**GENERAL CHURCH INFORMATION**

Year church was organized: \_\_\_\_\_. Average attendance at worship: \_\_\_\_\_.

Present membership: \_\_\_\_\_. Church school enrollment: \_\_\_\_\_.

Average attendance at Church school: \_\_\_\_\_.

Mailing Address *(including city, state, zip)*: \_\_\_\_\_

Has your church applied for this grant previously?  Yes  No If yes, what year? \_\_\_\_\_

*Note: a previous application for which you were not awarded a grant does not disqualify this application.*

How diverse or inclusive is your congregation when it comes to age, gender, racial background, and socio-economic status?

How will the project for which you are requesting funding impact the mission and outreach programs of your church?

### FINANCIAL INFORMATION

Other than this project, recent major capital expenditures and related incurred debt: \$ \_\_\_\_\_.

Cash on hand: \$ \_\_\_\_\_ Existing Mortgage balance remaining: \$ \_\_\_\_\_

Pledges made on existing mortgage: \$ \_\_\_\_\_

Other debt: \$ \_\_\_\_\_ For: \_\_\_\_\_

What is the total estimate of this project?: \$ \_\_\_\_\_

Your church's contribution toward this project: \$ \_\_\_\_\_

*(the amount should be at least 1/2 of the total project cost.)*

Support for this project from: Conference: \$ \_\_\_\_\_ District: \$ \_\_\_\_\_

Would this Renfro donation, if granted, complete your project?  Yes  No

If not, how will additional funds be provided?

What percentage of your apportionments did your church pay the most recent fiscal year? \_\_\_\_\_ %

\*\*\*Attach the church's financial report from the most recent fiscal year.

### FIELD AND OPPORTUNITY FOR GROWTH

Our church type is a  station church;  circuit consisting of \_\_\_\_\_ churches  
in the \_\_\_\_\_ charge.

Street Address *(including city, state, zip)*: \_\_\_\_\_

The estimated population of our town/city is \_\_\_\_\_, or the population of the nearest  
town/city is \_\_\_\_\_ and is \_\_\_\_\_ miles away. The closest United

Methodist church to our location is \_\_\_\_\_ UMC, which is \_\_\_\_\_ miles away.

The present estimated total value of the property is \$ \_\_\_\_\_.

**PRESENT STATUS OF BUILDING PROJECT**

- Early stage of planning                       Preliminary sketches prepared by an architect
- Architectural and financial plans approved by District
- Detailed drawing completed by an architect
- Building is under construction and expected date of completion is \_\_\_\_\_.
- Building is ready for use.

**CERTIFICATION BY PASTOR, CHURCH BOARD AND DISTRICT SUPERINTENDENT**

We hereby certify that we have examined the statements given in this application and they are correct.

**Pastor** (please print name): \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Chair of Church Council or Board** (please print name): \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**District Office:**

The district office has approved the project, and we recommend a grant of \$ \_\_\_\_\_ be considered.

**District Superintendent** (please print name): \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PART II

**CERTIFICATION OF CONFERENCE BOARD OF GLOBAL MINISTRIES/MISSIONS**  
**(or other conference body duly authorized to certify)**

At a meeting of the \_\_\_\_\_ of the \_\_\_\_\_ Annual Conference, duly convened on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the foregoing application for a grant from the Renfro Trust Fund was carefully examined and it is recommended that a grant of \$\_\_\_\_\_ be considered. This project is ranked #\_\_\_\_\_ on the conference priority list.

**Conference Secretary of Global Ministries/Missions**

Name *(please print name)*: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note – DCM signature only required in place of a Secretary of Global Ministries/Missions.**

**Director of Connectional Ministries**

Name *(please print name)*: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Conference send to:

Florida United Methodist Center  
Attn: Icel Rodriguez, Renfro Grant  
450 Martin Luther King, Jr. Avenue  
Lakeland, FL 33815

Or to [irodriguez@flumc.org](mailto:irodriguez@flumc.org)

**Deadline for receipt of completed application to the SEJ is September 1 each year.**

(Do not write below – Office use only)

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Date Received: \_\_\_\_\_

Received and verified complete by: \_\_\_\_\_