First Presbyterian Church of Birmingham Deacons Fund Application/Attn: Financial Chair 1669 West Maple Road Birmingham, MI 48009



Review Form for Organizations Requesting Funding from FPC Deacons Fund

Guidelines:

Authorized disbursements will only be approved for tri-county area community agency organizations that provide the basic needs of food, clothing and shelter for disadvantaged people. Provide complete information and attach requested financial data. Apply at least two months before need and include promotional materials for the organization including its mission statement.

| Name of Organization: | | |
|--|--|--|
| Mailing Address: | City: | MI Zip: |
| Is Organization a 501(c)3? [] Yes / Fed | deral ID #: | _ [] No |
| Type of Organization: [] Church [] | Health [] Community Service Grou | p [] Other: |
| Name of Project: | Time Frame: | |
| Phone Number: () | Fax Number: () _ | |
| Email Address: | | |
| Please briefly describe your funding req | uest for this current Project (include do | llar amounts): |
| | | |
| | | |
| Please briefly describe funds granted fro | om other groups | |
| rease briefly describe rands granted in | onto ator groups. | |
| | | |
| VATILATE IN A total of vacuum munication but decreased | 12 ¢ | |
| What is the total of your project's budge [Please provide us with your most current app. | ις φ roved financial statement and budget for this Proj | ect.] |
| What percentage of your budgeted incom | | |
| | ve:% What is fee? | |
| | % Who? | |
| | Who? | |
| | Who? | |
| • Gifts from Individuals:% | | |
| • Other Gifts:% [If your | funding request is approved, the check will be ma | ade payable to the organization requesting.] |
| Signatura | Data | |
| Signature: | Date | |
| FPC Deacons: | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| Approved Amount [] \$ | Date: | |
| Decline: [] | FPC Rep: _ | |
| Reasoning: | | |
| | | |