

## District Advance Special Florida Conference of The United Methodist Church

## The Advance Advancing hope in Christs name

#### **GUIDELINES**

The Advance is an official program of The United Methodist Church for voluntary, designated contributions. District Advance Specials must be United Methodist or a partner with the United Methodist Church.

- 1. Advance Special giving is "second mile" giving. District Advance Specials, by Discipline are projects located within the bounds of the District.
- 2. Agencies are asked to submit fiscal goals and your budget with this application. It is not budgeted by the district/conference. The amount raised depends on "second mile" giving by churches or individuals. District Advance Specials are not part of Apportionments or the District or Conference Budget.
- 3. District Advance Specials will be designated by their agency/ministry name.
- 4. Having District Advance Special status permits an Agency or Ministry to solicit donations from all churches in the District. Without Advance Special status, this type of fund raising is not allowed.
- 5. Funds received through the Advance shall be used solely for the ministry and are not to be used for administration or promotional costs.
- 6. Agencies/Ministries need to recognize that District Advance Special donations are raised through the efforts of each Agency/Ministry.
- 7. District Advance Specials are approved by the District Mission Resource Team or the designated agent of the District. Agencies/Ministries must apply for District Advance Special status by completing the Application Form (attached).
- 8. All ministries/agencies must have their own 501(c)3 status.
- 9. Approval will be for a two year period. The District Mission Resource Team reserves the right to remove an Agency/Ministry.
- 10. Applications for District Advance Specials will be approved at the discretion of the District Mission Resource Team. Applications are to be sent to the District Office.



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### **APPLICATION FORM**

Please include a project brochure, photos, DVD's and other materials that are pertinent to this application that can be used to promote this ministry.

Name of Project:				
Organization:				
Address:				
City/State/Zip:				
Contact Person:				
Day Phone:	Evening Phone:	Email: <sub>_</sub>		
Year Ministry was started:	Is this ministry a 50	01(c)3?	Yes	No
1. What do you hope to accom	plish with this project?			
requested? Application shall in	of that part of the project / pro iclude goals and objectives that hich Advance Special status is re	are measu		•
3. Who is directly served by the	e project?			
4. If this program is an ecumen Church?	nical project, what relationship o	does it have	e to The Ur	nited Methodist
5. What geographical area is co	overed by your project?			
6. How many years has the pro	oject been in existence?			
7. What have you accomplishe	d in the last two (2) years?			
8. Please attach copy of previo	us year budget			
9. If granted Advance Special s	tatus, what specific item in the I	budget wil	the monie	es be used to fund?
10. What is your Advance Spec	ial goal for the calendar years 2	013-2014?	\$	



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### SIGNATURE PAGE AND APPROVAL

#### TO BE COMPLETED BY APPLICANT

I understand that the District Advance Special application for the years 2013-2014 will be considered and approved by the District Mission Resource Team.

I understand if approved, the program/ministry will be listed as a DISTRICT Advance Special for a two year period.

Date:	_ Signature of Applicant:
Printed Name of Appli	cant:
TO BE COMPLETED BY	DISTRICT SUPERINTENDENT
Does the program/mir	nistry meet all the District Advance Special Guidelines?
Yes	
No	
Date:	District Superintendent Signature:
Printed Name of Distri	ct Superintendent:
Comments:	