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.
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: ____________________________

Year Ministry was started: ___________ Is this ministry a 501(c)3? _____Yes _____No

1. What do you hope to accomplish with this project?

2. What is the specific purpose of that part of the project / program for which Advance Special status is requested? Application shall include goals and objectives that are measurable and achievable for the part of the project / program for which Advance Special status is requested.

3. Who is directly served by the project?

4. If this program is an ecumenical project, what relationship does it have to The United Methodist Church?

5. What geographical area is covered by your project?

6. How many years has the project been in existence?

7. What have you accomplished in the last two (2) years?

8. Please attach copy of previous year budget

9. If granted Advance Special status, what specific item in the budget will the monies be used to fund?

10. What is your Advance Special goal for the calendar years 2013-2014? $__________
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 Applicant:______________________________________________________________

TO BE COMPLETED BY DISTRICT SUPERINTENDENT

Does the program/ministry meet all the District Advance Special Guidelines?

_____ Yes

_____ No

Date:______________ District Superintendent Signature:__________________________________________

Printed Name of District Superintendent:____________________________________________________

Comments: ________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________