

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



Review Form for Organizations Requesting Funding from FPC Deacons

Guidelines: Requests must be submitted 2-months before Granting Periods  
Granting Dates: July and November (May visit your facility before decision)  
Include Promotional Materials for Organization and Mission Statement

Name of Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ MI Zip: \_\_\_\_\_

Is Organization a 501(c)3?  Yes / Federal ID #: \_\_\_\_\_  No

Type of Organization:  Church  Health  Community Service Group  Other: \_\_\_\_\_

Name of Project: \_\_\_\_\_ Time Frame: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Web Site: \_\_\_\_\_

Please briefly describe your funding request for this current Project (include dollar amounts):

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Please briefly describe funds granted from other groups:

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What is the total of your project's budget? \$ \_\_\_\_\_

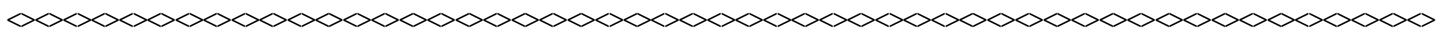
[Please provide us with your most current approved financial statement and budget for this Project.]

What percentage of your budgeted income for this project do you expect to receive from each of the following?

- Fees for services from those you serve: \_\_\_\_\_% What is fee? \_\_\_\_\_
- Grants from Private Foundations: \_\_\_\_\_% Who? \_\_\_\_\_
- From Government Sources: \_\_\_\_\_% Who? \_\_\_\_\_
- Gifts from Local Churches: \_\_\_\_\_% Who? \_\_\_\_\_
- Gifts from Individuals: \_\_\_\_\_%
- Other Gifts: \_\_\_\_\_%

[If your funding request is approved, the check will be made payable to the organization requesting.]

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



FPC Deacons:

Approved Amount  \$ \_\_\_\_\_

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

Decline:

FPC Rep: \_\_\_\_\_

Reasoning: \_\_\_\_\_

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