



3224 Bee Ridge Road, Sarasota, FL 34239
missions@churchofthepalms.org / 941-924-1323

Application for New Mission Partner Support

Global Partners Committee

In keeping with the Church of the Palms' Mission Statement of LOVE GOD - LOVE NEIGHBOR, *The Global Partners Committee* reviews this form to assess the potential involvement and financial support of future mission partners.

Date _____

General Information

Name of Applicant/Organization_____

Position_____

Business Address_____

City_____State/Province/Region_____

Zip/Postal Code_____Country_____

Phone_____Website_____

E-Mail_____

Preferred manner of communication-----

Are you related to a religious denomination or other large organization? Yes No

If "yes," which one? _____

Your Mission

What is it? Please clearly what you do, the outcome you envision, how many people served and the particular services you utilize to accomplish that.

What impact do you want your program/service to have? Describe both short and long term.

What role does helping people know God through faith in Jesus Christ play in your services?

What do you feel sets you apart from similar organizations and should especially attract Church of the Palms to you as a potential partner?

Please provide a story or two from the past year that captures the essence/purpose of your ministry – a life changer. (Use back side of this page or additional sheet of paper if necessary)

Organizational Information

When was your organization established, or when did you launch your ministry?

Describe your organizational structure.

1. Solo work, or a paid/volunteer staff?
2. Have a Board? It's structure and involvement? Means of recruitment?
3. What policies of regulation or accountability do you practice in the areas of service and finance?

4. Are you a 501 (C) (3) Non-Profit in the USA or a legally authorized Non-Profit/charitable/religious organization in another country? __ Yes __ No
5. Could volunteers from Church of the Palms become involved with your organization, assist your mission and/or participate in your activities? If so, how?

Financial Information

What is your current budget?

What percent of your budget is spent directly on projects and programs as opposed to administrative expenses?

How do you hold yourself or your organization financially accountable?

Communications Information

What channels of communication (e-mail, newsletter, videos, visits, social media, etc.) do you use to recruit and retain supporters? How frequently do you communicate with them?

Are there any special considerations or precautions that should be observed in our communication with you and what we share with our congregation? (please describe)

Is a representative of your organization available to attend a meeting with the Global Partners Committee of our church to discuss your mission and its needs?

Requests

Specifically, what are your, or your organization's needs?

Amount of funding requested. \$ _____

Describe how the money given to your organization will be used (e.g., What specific programs or events will it support? Will it be used for a capital or building project? Will it support staff salaries or administrative costs? Is this a new or existing project?

***** THIS REQUEST IS TO BE RECEIVED IN THE CHURCH OF THE PALMS' OFFICE NO LATER THAN THE SEPTEMBER 30th DEADLINE SO THAT IT CAN BE CONSIDERED BY THE GLOBAL PARTNERS COMMITTEE. QUESTIONNAIRES RECEIVED AFTER THAT DATE CANNOT BE CONSIDERED IN THE NEXT FISCAL BUDGET. SUPPORT OF YOUR MISSION IS DEPENDENT ON THE RETURN OF THIS QUESTIONNAIRE.**

RETURN THE COMPLETED QUESTIONNAIRE TO:

**Global Partners Committee Chairperson
Church of the Palms
3224 Bee Ridge Road
Sarasota, FL 34239-7201, USA**

It is suggested that International Partners, or others who prefer, return their completed questionnaire by e-mail to globalpartners@churchofthepalms.org,

Thank you,

**GLOBAL PARTNERS COMMITTEE
Church of the Palms, Sarasota, FL**