

United Methodist Church or Sun City Center

1971 Haverford Ave., Sun City Center Fl. 33573 (813) 634-2539 www.sccumc.com

Dear Applicant,

Thank you for your interest in becoming a Mission of the Month at the United Methodist Church of Sun City Center. As the Mission team, we are excited to learn more about your mission.

We receive many requests to become part of this program. We prayerfully read all applications with special consideration given to missions whose program is dedicated to making disciples of Jesus Christ and show a proven history of successful ministry. All missions accepted as Mission of the Month must support the mission and vision of the United Methodist Church of Sun City Center. Because we currently have many applications, not every mission that applies will be accepted this year.

We will closely study the goals of your mission, the actual percentage of your proposed budget that directly supports the slated mission, and your plans for documentation and ongoing evaluation and accountability. Should we support your mission, we will ask for a follow-up at the end of the year, stating how the funds that you received were used.

Please complete the enclosed application and return it to:

The United Methodist Church of Sun City Center

Attention: Missions Team 1971 Haverford Ave. Sun City Center, FL 33573-5224

All applications must be received by October 1st, 2024.

Blessings to you, and thank you for all that you do in moving forth in your mission to make a difference in our community and in God's world. Expect notifications by December 1st, 2024.

Sincerely,

Mission Team



Mission of the Month Application - 2025

| NAME: Title: Street Address: Phone: 501c3#: E-Mail Address: Local/National/International Mission: Mission Details Name of Mission Requesting Consideration: Month Requested: Current Board of Directors Mission Statement: | Contact information of person requesting funds |
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| Street Address: Phone: 501c3#: E-Mail Address: Local/National/International Mission: Mission Details Name of Mission Requesting Consideration: Month Requested: Current Board of Directors Mission Statement: | NAME: |
| Phone: 501c3#: E-Mail Address: Local/National/International Mission: Mission Details Name of Mission Requesting Consideration: Month Requested: Current Board of Directors Mission Statement: | Title: |
| E-Mail Address: Local/National/International Mission: Mission Details Name of Mission Requesting Consideration: Month Requested: Current Board of Directors Mission Statement: | Street Address: |
| E-Mail Address: Local/National/International Mission: Mission Details Name of Mission Requesting Consideration: Month Requested: Current Board of Directors Mission Statement: | Phone: |
| Local/National/International Mission: Mission Details Name of Mission Requesting Consideration: Month Requested: Current Board of Directors Mission Statement: | 501c3#: |
| Mission Details Name of Mission Requesting Consideration: Month Requested: Current Board of Directors Mission Statement: | E-Mail Address: |
| Name of Mission Requesting Consideration: Month Requested: Current Board of Directors Mission Statement: | |
| Month Requested: Current Board of Directors Mission Statement: | Mission Details |
| Current Board of Directors Mission Statement: | Name of Mission Requesting Consideration: |
| | Month Requested: |
| Goal/Vision of Mission: | Current Board of Directors Mission Statement: |
| Goal/Vision of Mission: | |
| Goal/Vision of Mission: | |
| Goal/Vision of Mission: | |
| | Goal/Vision of Mission: |

| Statement of history regarding your mission: |
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| Is presenting the Gospel part of your ministry: |
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| Evidence of past and recent success of your mission: |
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| Do you have an SCCUMC "Ambassador": |
| What types of projects and serve opportunities are available for SCCUMC members: |
| |
| Mission Funding: |
| Specific use of funds you will receive from SCCUMC: |
| Population who would be impacted by awarded funding: |
| What percentage of funds received are actually spent on your Mission Initiative vs. Administration: |
| Other sources of funding for your Mission: |
| Are the ministry's financials audited by independent CPA's: |

| Evaluation | | |
|--|---|--|
| Plan for ongoing evaluation for your Mission: | | |
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| Methods used to evaluate your Mission: | | |
| | | |
| Who conducts evaluations of your Mission: | | |
| | | |
| APPLICATION MUST BE REC | CEIVED BY OCTOBER 1ST, 2024 | |
| You are invited to attach additional pages described application to the United Methodist Church Haverford Ave., Sun City center FL 33573-5224 every application. Should your mission be appropriately contact you. Thank you for your service. | ch of Sun City Center church office (1971 I). The Mission team will prayerfully consider | |
| Signature of Applicant: | Date: | |

Sun City Center United Methodist Church Mission Statement:
"To educate, Empower, and inspire the children of God to joyfully proclaim the Gospel
Of Jesus Christ using their spiritual gifts and abilities."

Sun City Center United Methodist Church Vision Statement:

"LOVE GOD, GROW IN FAITH, SERVE OTHERS"

A vibrant, caring community of faith used by God to change lives and transform the world for Christ.

The United Methodist Church of Sun City Center
1971 Haverford Ave., Sun City Center, FL 33573
Phone: 813-634-2539 www.sscumc.com