

**Presbyterian Church of
Stanley**

Date Application Received _____

2010 MISSION RESOURCE REQUEST FORM

“... that you and I may be mutually encouraged by each other’s faith..” Romans 1:12

ORGANIZATIONAL INFORMATION

Name of Organization:

Address:

City:

State:

Zip:

Telephone:

Fax:

E-mail Address:

Website:

Chief Administrative Officer:

Contact Person:

Position:

Theological Tradition:

If monies are granted, please indicate where to send a check, to whom payable, and any other special accounting instructions:

MISSION

In the space below, please provide the mission statement/primary purpose for your organization.

RESOURCE REQUEST SUMMARY

Please provide a summary of your request in the space below.

ALIGNMENT WITH PCOS PRIORITIES

In the space provided, please state clearly how your request(s) will meet each of our mission criteria.

Evangelistic Thrust	
PCOS Volunteer Involvement	
Kingdom Impact	
Communication with PCOS	
Broad Base of Funding	

PCOS Member Involvement

Please indicate **current** PCOS member involvement:

<input type="checkbox"/> Board Involvement	
<input type="checkbox"/> Committee Involvement	
<input type="checkbox"/> Volunteer Involvement	
<input type="checkbox"/> Other (Please specify.)	

Proposed PCOS Member Involvement in the Future:

DETAILED RESOURCE REQUEST

Please provide a description of each request.

<input type="checkbox"/> Prayer	
<input type="checkbox"/> Financial	
<input type="checkbox"/> Materials <i>(Each month our members bring items for donation to our mission partners. Do you have need for small items that can be easily collected and delivered to you?)</i>	
<input type="checkbox"/> Use of Facilities	
<input type="checkbox"/> Systems	
<input type="checkbox"/> Volunteer Needs	

FOCUS AREAS

Geographic Focus:

<input type="checkbox"/> KC Metro	<input type="checkbox"/> Disaster Response/Nat'l Need	<input type="checkbox"/> International: India/Haiti/Mexico (primary)
<input type="checkbox"/> Church Family		

Guiding Issues:

<input type="checkbox"/> Children & Education	<input type="checkbox"/> Holistic Help	<input type="checkbox"/> Denominational/Re-investment
<input type="checkbox"/> Elderly	<input type="checkbox"/> Prisoners & Their Families	

YOUR RESOURCE BASE

Number of Clients Served Annually:		Number of Employees:	Number of Volunteers:
Annual Budget:			
Source of Funds (% from each source):		Individuals:	Businesses:
Churches:	Foundations:	Program Fees:	Government:
Other (please specify source		:	:

OTHER PERTINENT INFORMATION

Please provide any other pertinent information in the space below.

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Required Attachments:

- Board Member List with Affiliations
- Income/Loss Statement (most previously completed fiscal year)
- Organizational Budget (current fiscal year)

Deadlines:

June 15, 2010 Application deadline

Return this form along with required attachments (by email or US mail) to:

The Mission Committee
c/o Reverend Bo Burgener
14895 Antioch Road
Overland Park, KS 66221
fax: 913-681-8186
burgs@stanleypres.org

Presbyterian Church of Stanley
MISSION RESOURCE REQUEST GUIDELINES

GENERAL INSTRUCTIONS

1. Applicants are responsible for submitting a complete application.
2. Applications will not be reviewed by the appropriate Mission Committee sub-team until an application is complete.
3. If funds need to be directed to a particular agency or address other than that listed on the front page, **please** indicate so in the additional information section.
4. Electronic submissions are greatly appreciated.
5. **Please** do not send additional pamphlets, DVDs, or expensive materials. They will not be needed provided the application is thoroughly filled out.

PROCEDURE:

1. Complete application is submitted to the Mission's office by the applicant.
2. Application is reviewed by the appropriate Mission Committee sub-team for recommendation
3. Please note that the entire process can take 2-3 months.
4. Applications that are turned down will receive a letter indicating why such action was determined. Applications that are accepted are informed via a letter with the check.

PCOS GUIDELINES

The qualifications listed below are guidelines for mission partnership established by the Mission Committee through extensive prayer and calling from God. This is to ensure that its partnerships are focused and have a deep impact in the world rather than being distracted by too many good and worthy options. This is not to say that valid mission partners working in areas other than those indicated below are not welcomed partners in mission, but the organizations and individuals building the Kingdom of God in the ways indicated below will receive priority.

5 Mission Criteria for Partnership with PCOS

Evangelistic Thrust – the mission shares the gospel of Jesus Christ.

PCOS People – the mission actively involves the members of PCOS.

Kingdom Impact – the mission is empowered to make a difference for the Kingdom of God in our world.

Communication – the mission will regularly report and communicate with PCOS.

Broad Base of Funding – the mission has a wide base of funding, and does not rely solely on PCOS support.

Geographic Regions of Focus

Church Family
KC Metro

Disaster Response/Nat'l Area of Need
International (primary: India, Haiti, & Mexico)

5 Guiding Issues for Mission Involvement

Children & Education
Holistic Help
Denominational/Re-investment

Elderly
Prisoners & Their Families