

RIEFLER ENABLEMENT FUND APPLICATION FOR 2007

OFFICIAL REQUEST FORM: Mr. & Mrs Raymond J. Riefler Memorial Ministry Enablement Fund

Please use this form for submitting your proposal to the fund. You may attach **up to two (2) additional 8 1/2 X 11 sheets** (no more) to answer questions 1-16. All questions must be answered and should be typed.

PROPOSALS MUST BE RECEIVED AT THE NETWORK OFFICE BY 2:00 P.M. Friday August 25, 2006.

- 1. Title of Proposal: _____
- 2. Congregation/Organization submitting proposal: _____
- 3. Brief description and location of Congregation/Organization submitting proposal. (If an organization please describe relationship to local congregation(s)).

4. Amount requested? _____.

5. Name, address and phone number of official contact person.

NAME: _____

ADDRESS: _____

PHONE: _____

6. If your ministry is funded do you agree to submit a report to the Network of Religious Communities nine months after receiving the money? _____ Yes _____ No

7. Signed _____ Position: _____

Date: _____

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DO NOT WRITE BELOW THIS LINE

DATE RECEIVED _____ Ranking _____

RECEIVED BY: _____ Amount: _____

Comments:

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13. Which of the six purposes of the Ministry Enablement Fund does your proposed ministry address? (Please refer to the description of the fund)

14 Please identify all resources that are now available or are being sought to support the ministry. (In addition to finances please identify volunteer time, staff time given by other organizations, supplies, and use of facilities.)

15. Is there anything else you would like us to know about your proposed ministry?

16. Would you be willing to accept less than the amount you requested if funds are limited?
_____Yes _____No.

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17: What is your proposed income and expense budget for the first (or next) year of the ministry? If the ministry is to continue after one year please describe how the ministry will be supported. If the ministry is currently ongoing please attach your most recent financial report. (WITHOUT A BUDGET YOUR PROPOSAL WILL NOT BE CONSIDERED)