

NEW APPLICATION FOR MISSION SUPPORT

Financial requests for long term mission support will be reviewed in the 1st quarter of each calendar year. To assist in the decision-making process, each applicant must provide the Frisco First Missions Team with a completed application. Recommendation for support will be dependent on the team review and the availability funds. The final recommendation will be determined at the discretion of Frisco First Missions Team. Please complete the following application as applicable to your request.

Applicant full legal name _____ Preferred name _____

Organization Name _____

Current church membership _____ When did you become a member _____

Address _____

If you do not attend Frisco First, how did you hear about this church?

CONTACT INFORMATION

Mailing address _____	City _____
_____	State _____
_____	Zip _____
_____	Country _____
Home Phone _____	Cell Phone _____
Email _____	Twitter _____
Facebook _____	LinkedIn _____
Instagram _____	Other _____
Your website _____	Org Website _____

STATEMENT OF NEED: (fill out only what is applicable per your current need)

Check one	Application Type	Amount Requested	Monthly	Annually
<input type="checkbox"/>	Individual Mission Support			
<input type="checkbox"/>	Mission Organization Support			

Income Summary: (estimate in the last 12 months or last annual statement) what percentage of your income was received from the following source types-enter decimals)

% From Individual Donors _____	% From Corporations _____
% From Other Organizations/Churches _____	% From Other Means _____
% From Foundations: _____	% From Sending Organization _____
Total = _____	

Expense Summary: (In the last 12 months (or last annual statement), what percentage of your income was spent in the following areas)

% For Ministry Administration _____	% Set aside for reserves _____
% For Program, Related Initiatives _____	% For Other _____
% For Partnership/Donor Development _____	Total = _____

NEW APPLICATION FOR MISSION SUPPORT

Summarize the need for which you are requesting Frisco First partnership: (include the problem you're addressing and the population of the target area)

Primary Goals or Objectives for the Next 36 Months (if you have an organizational strategic plan, please attach a copy to this application) Note we re-evaluate yearly with a maximum support of 3 years.

Partnerships: (2-3 other agencies/orgs who support you or will be partnering with you in the future)

NEW APPLICATION FOR MISSION SUPPORT

What are you currently doing on a day to day basis to accomplish your Mission Statement and goals?

How do you evaluate your activities to determine effectiveness?

What do you consider “success”?

NEW APPLICATION FOR MISSION SUPPORT

Describe any special training, curriculum or experience that has prepared you for this mission

What are your biggest needs – financial and otherwise?

Tell us about the greatest successes you have experienced as an organization this past year and how did it happen?

What have been some of your greatest struggles as an organization this past year and why?

How do you report to your supporter's activities, revenue and expenditures, successes, and needs – and how frequently?

How do you go about raising financial support?

NEW APPLICATION FOR MISSION SUPPORT

Have you seen life change? Share some stories of how God has used your ministry to bring about change in peoples' lives!

FAMILY & PERSONAL INFORMATION

MARITAL STATUS (COMPLETE ALL THAT APPLY)

- ☐ Single
- ☐ Separated Date of separation _____
- ☐ Divorced Date of divorce _____
- ☐ Widow/er Date of spouses death _____
- ☐ Married Date of marriage _____
- ☐ Children None
- ☐ Children Yes, name and date of birth of children:
- | | | | |
|------------|-----------|------------|-----------|
| Name _____ | DOB _____ | Name _____ | DOB _____ |
| Name _____ | DOB _____ | Name _____ | DOB _____ |
| Name _____ | DOB _____ | Name _____ | DOB _____ |

HIGHEST LEVEL OF EDUCATION (CHECK ONLY ONE)

- ☐ Have not finished high school diploma or GED
- ☐ High School Diploma or GED Date _____
- ☐ Some college Date _____ # of hours _____
- ☐ Technical school degree Date _____ Major/Degree _____
- ☐ Bachelor's Degree Date _____ Major/Degree _____
- ☐ Master's Degree Date _____ Major/Degree _____
- ☐ PhD or professional degree Date _____ Major/Degree _____
- Other Certifications/Credentials:

NEW APPLICATION FOR MISSION SUPPORT

CHRISTIAN EXPERIENCE

Briefly describe your salvation experience:

What is your religious background?

Describe how you are currently pursuing God.

APPLICATION INSTRUCTIONS & PROCESS

PLEASE INCLUDE THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION

1. Completed and signed application
2. Your Vision Statement
3. Your Mission Statement
4. History of your organization
5. Statement of Faith, beliefs or religious convictions of your organization
6. If applicable, certification and verification of nonprofit status
7. A recent mailing, publication or newsletter from you and/or your organization
8. Copies of organization Accreditations and/or Certifications

ORGANIZATION INTERVIEW

Upon receipt, the application will be reviewed by the Frisco First Mission Team to determine if the request is within the scope of the mission guidelines of Frisco First. Depending on the outcome of the review and available funds, you may be contacted for an interview and/or a site visit. The purpose of this interview is to develop the best understanding of your request and to address any questions that we may have.

REVIEW AND APPROVAL PROCESS AND TIMETABLE

Frisco First receives many requests for financial support each year. The Frisco First mission team prayerfully reviews each request for financial support. There are many wonderful mission activities taking place locally, nationally and internationally, all engaging in sharing the good news. The selection on ministries to support is not based on a ranking of individual or organization's "worthiness" but rather on the "fit" of the applicant with the current Frisco First mission statement, the operating goals, the program objectives, available funding and the mission focus of Frisco First Church. The Mission Team will prayerfully review all applications and will notify the applicant when a decision has been made by the Mission's team. The Mission Team will make the final recommendation to church leadership.

Submit your completed application and related documents by email to:

Email: [Wade Longcrier, Minister of Gospel Outreach, Wade.Longcrier@friscofirst.church](mailto:Wade.Longcrier@friscofirst.church)

Signature of person completing the application request

Print Name

Signature

Title

Date

frisco  first

www.friscofirst.church
7901 Main St, Frisco, TX 75034