



RENEWAL APPLICATION FOR MISSION SUPPORT

Financial requests for long term mission support will be reviewed in February of each calendar year. To assist in the decision-making process, each applicant must provide the Frisco First Missions Team with a completed application, even if we currently support your organization. Recommendation for support will be dependent on the team review, the available funds, and the approval of the Ministry Plan in June of each year. As a part of our stewardship strategy, we generally provide funding for up to three consecutive years. Following those three years, organizations observe a one year pause before becoming eligible to apply again. This approach allows us to maintain meaningful ministry partnerships while also creating opportunities to support new Kingdom initiatives.

Please complete the following application as applicable to your request. If this is for a one time donation or project, please complete the Special Project Application.

CONTACT INFORMATION

FULL NAME: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP/COUNTRY : _____

HOME PHONE: _____ CELL PHONE _____

EMAIL: _____

WEBSITE _____

HOW DO YOU CATEGORIZE YOUR MISSION ORGANIZATION?

☐ BAPTIST (SBC COOP, BGC, SBTC)

☐ FRISCO FIRST MINSITRY

☐ FRISCO FIRST LEGACY MINISTRY

☐ NATIONAL (USA)

☐ GLOBAL (INTERNATIONAL)



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STATEMENT OF NEED: (FILL OUT ONLY WHAT IS APPLICABLE TO YOUR CURRENT NEED)

Check one	Application Type	Amount Requested	Monthly	Annually
☐	Individual Mission Support		☐	☐
☐	Mission Organization Support		☐	☐

What approximate date of your organization first receiving funds from Frisco First Baptist Church? _____

What year did you become an ongoing partner through funding with Frisco First Baptist Church? _____

(Note: if you are not receiving monthly support from Frisco First Baptist Church right now, you may be completing the wrong application. Please reach out to missions@friscofirst.church for clarity)

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 = _____	



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Summarize the need for which you are requesting a Frisco First partnership: (Describe any ways this need may differ from previous ongoing support)

Primary Goals or Objectives for the Next 12 Months (Please include any references such as newsletters and/or websites outlining your ongoing efforts.)



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Summarize how partnering with Frisco First so far has helped you reach your ministry goals or furthered your ability to carry out your ministry objectives.

Given our existing relationship, how could Frisco First staff or the Missions Team be a better partner with you? How could we improve on our experience working together?



RENEWAL APPLICATION INSTRUCTIONS AND PROCESS

PLEASE INCLUDE THE FOLLOWING DOCUMENTS WITH YOUR RENEWAL APPLICATION:

1. Completed and signed application
2. If applicable, updated certification and verification of nonprofit status
3. Updated contact information or any changes of address.

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.

Signature of person completing the application request :

Print Name

Signature

Title

Date