



Dear Partner,

On behalf of Lake Toxaway United Methodist Church (LTUMC), thank you for your valuable work in our community!

As part of our commitment to better serve and understand your organization, we are updating our funding process. We now kindly request that all funding recipients complete an application. We believe that given your familiarity with your organization's operating details, this step should not pose a burden. Instead, it will allow us to gain deeper insight into your mission and fully appreciate the services, education and critical support which your organization provides to those who need it most. Please note that the current level of funding to your organization will remain unchanged through June of 2025.

Our mission committee is looking forward to learning about your organization's plans and how LTUMC may assist your organization's efforts for our community. To be considered for funding, you may apply online or by paper application and postal mail. Instructions for both are on our website under the Ministries & Committees, Outreach' Section. Your application is due NO LATER THAN MAY 15, 2025.

Our historic church has strived for years to support our neighbors in need in Transylvania County and we applaud the wonderful outreach that organizations like yours provide. Our mission to spread the love and care of Jesus Christ through our monetary gifts, materials and volunteerism remains a central focus for our congregation. We look forward to receiving your application. Thank you for all you do for those who need it most in our area.

Best regards,

The LTUMC Missions Team

Grant Application 2025- Receipt Deadline: May 15, 2025

In order to be considered for funding, your completed application must be received by
May 15, 2025.

Please mail the completed application to:

Lake Toxaway United Methodist Church
Attn: Missions Committee
P.O. Box 83
Lake Toxaway, NC 28747

I. Applicant Contact Information

Organization Name of your 501(c)3 _____
Address _____

Phone _____

Contact Person who can be reached M-F, 9am-5pm anytime of the year. _____

Email _____

Employer identification number (EIN) _____

II. Project Information: Amount Requested

Please respond to the following questions relative only to your work in Transylvania County in 200 words or less.

1. Please tell us the mission of your organization. Explain the impact you make on your clients and why your service is needed in Transylvania County.
2. Please describe the project/program for which you wish to receive funding.
3. Please include a total project/program budget for using the requested funds. (Not your overall annual budget).
4. Please tell us the target population you serve in Transylvania County and the approximate number of those served.
5. List other activities your agency planned for the past year (2024). Do you partner with other agencies? List the agencies and how you collaborate.
6. If you received funding from Lake Toxaway United Methodist Church last year, please tell us how the funds were used, and the results achieved.
7. Please indicate if your organization has a volunteer coordinator. If so, please provide the name and contact information of your volunteer coordinator.
8. Do you send any of the funds you receive from local sources to a national organization or any organization outside of Transylvania County? If so, please specify to whom you send those funds and what percentage of the funds you receive are sent outside of Transylvania County.

9. Has your organization registered for a username for the Charity Tracker software, administered by Transylvania County? If so, does your organization use it regularly? Please describe the frequency and ways in which your organization uses Charity Tracker.

III. Financial reports

To be considered for funding you must submit your latest annual financial reporting with your application.

Option 1)

- Please attach complete forms 990 (not EZ or Postcard)
- Please attach a current statement of operations (income statement) and balance sheet.

Or

Option 2)

- In the absence of a complete form 990 please send your most recent full year statement of operations (income statement) and balance sheet including:
 - Total income including contributions and event profit.
 - Account receivables including contribution pledges received for the next year.
 - Total agency expenses
 - 2025 project/program expense projections
 - Administrative expenses
 - Operating expenses
 - Fundraising expenses
 - Assets- cash, investments, fixed assets
 - Liabilities & Equity (debts, loans, payables)

Please affirm that the facts given in this application are truthful to the best of your knowledge by signing your name and title below.

Name: _____ Title: _____

Signature: _____

Thank you for what you do to make our community a better place for all.