



## Long Fund Request

Availability of funds may vary from year to year.

***"All disbursements... shall be used exclusively for special educational and mission purposes, which are not included in the regular church budget."*** (Quotation taken from the "Reverend James R. Long Memorial Trust Fund" established on April 1, 1968 by Grantors Wallace Ward and Sarah Long.)

**Please furnish the total (100%) of proposed expenses when completing this application. Historically, the Long Fund generally provides up to 50% of the total expenses, regardless of activity.**

Name of group requesting funds: \_\_\_\_\_

Contact person: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

Name of Activity (name of conference, course, mission trip, etc.): \_\_\_\_\_

Purpose of Activity: \_\_\_\_\_

Number of Expected Participants: \_\_\_\_\_ Duration (Days) of Activity: \_\_\_\_\_

Down payment required (\$\$), if approved: \$ \_\_\_\_\_

Date down payment needed: \_\_\_\_\_ Date balance needed: \_\_\_\_\_

### Proposed EXPENSES (100%) Please itemize

Travel: \* \$ \_\_\_\_\_

Lodging: \$ \_\_\_\_\_

Registration Fees: \$ \_\_\_\_\_

Tuition Charges: \$ \_\_\_\_\_

Volunteer Travel Insurance: \*\* (International Travel) \$ \_\_\_\_\_

Other Expenses: (Please list) \$ \_\_\_\_\_

**TOTAL EXPENSES** \$ \_\_\_\_\_

\* Airline tickets/baggage costs, private vehicles, fuel for church vehicles, rental vehicles, vehicle maintenance, etc.

\*\* Each participant should purchase travel health insurance if on international mission trip

**Proposed INCOME (100%) SOURCES: Please itemize**

**Long Fund:** \$ \_\_\_\_\_

**Fund Raisers:** \$ \_\_\_\_\_

**Private Donations:** \$ \_\_\_\_\_

**Participant's Contributions:** \$ \_\_\_\_\_

**Other: (Please list)** \$ \_\_\_\_\_

**TOTAL INCOME:** \$ \_\_\_\_\_

**Make check payable to:** \_\_\_\_\_

**Justification for use of Long Fund proceeds. Why do you consider this request to be related to "special educational or mission purposes"?**

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**Application Submitted by:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

**NOTE: All recipients of Long Fund grants are expected to submit a financial report showing actual expenses and income WITHIN 30 DAYS upon COMPLETION OF YOUR ACTIVITY. Please include a written report on how your group benefited from this experience in the life of Long's Chapel. In this written report, include a LIST OF ALL PARTICIPANTS.**

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**For Office Use Only**

Mission Committee Chairperson signature (if request is mission-related)

\_\_\_\_\_ Date: \_\_\_\_\_

Staff Parish Chairperson Signature (if request involves personnel, interns, etc.)

\_\_\_\_\_ Date: \_\_\_\_\_

**Action Taken By:**

**Endowment Committee:**      **Approved**\_\_\_\_\_ **Declined**\_\_\_\_\_

**Date:** \_\_\_\_\_ **Amount Granted: \$** \_\_\_\_\_

\_\_\_\_\_  
**Endowment Committee Chair**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Senior Pastor**

\_\_\_\_\_  
**Date**

**Disbursements:**

<b>Amount</b>	<b>Date</b>

**Closing financial and written report received on:** \_\_\_\_\_  
**Date**