

Nominated by:

Love Offering Application



<u>Instructions:</u> Please print or type. Selection as the Love Offering Focus for the FL-BA SWO (Synodical Women's Organization) is made biennially by the current SWO Executive Board. Applicant can be nominated by any member of an active congregational unit within the FL-BA SWO. This form must be completed in its entirety to be considered for selection.

Contact Person:	Congregation:			
Phone: ()_	E-ma	il (if available):		
APPLICANT INFOR	RMATION			
Organization Nar	me:	F	Phone: ()	
Address:	City:		State: FL ZIP: _	
Contact Person:		_ E-mail:		
MISSION	STATEMENT:			
	Are you incorporated?			
2.	Are you a nonprofit [501(c) 3]?			
3.	Do you receive any Federal Funds?			
4.	Other sources of income?			
5.	What percent of income is used administratively?			
6.	What is your total annual budget?			
7.	Do you have an Executive Board?			
8.	Who do you serve?			
9.	What is the scope of your service	ce?		
10.	When were you established?			
11.	History of Organization:			
12.	How would this support improve	e your ministry to	the community?	

This form MUST also be accompanied by a written answer to the question below:

"What is unique about your organization and why should we choose you as our Love Offering Focus?"

Please attach references and other supporting documentation. Thank you for your interest.