

**REQUEST FOR FUNDS FROM THE DR. J. R. WILLIAMS FUND**

*Please complete and send by electronic format and by USPS to the superintendent of North Carolina Yearly Meeting*

**All grants for any one calendar year shall be authorized and announced at the last meeting of the Executive Committee for that calendar year except that interim grants may be authorized during any calendar year on an emergency basis.**

Name of Meeting \_\_\_\_\_

Address \_\_\_\_\_

Pastor \_\_\_\_\_

Monthly Meeting Clerk \_\_\_\_\_

Project \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

1. Total cost (attach estimates or contract) \$ \_\_\_\_\_
2. Funds on hand for this project \$ \_\_\_\_\_
3. Amount needed to borrow and source \$ \_\_\_\_\_
4. Amount requested from the Dr. J. R. Williams Fund \$ \_\_\_\_\_
5. Expected beginning date of project \_\_\_\_\_
6. Expected completion date of project \_\_\_\_\_
7. If already started, give date work began and present state of progress \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**In accepting a grant from the Williams Fund, we agree that should our Meeting ever withdraw from North Carolina Yearly Meeting we will refund this amount in full to the North Carolina Yearly Meeting Dr. J. R. Williams Fund.**

This request was approved by \_\_\_\_\_ on \_\_\_\_\_.  
(Monthly Meeting) (date)

Signed \_\_\_\_\_  
(Presiding Clerk)

**Action of Executive Committee in consideration of this request:**

**Amount Approved \$** \_\_\_\_\_

**Disapproved** \_\_\_\_\_

**Delayed for further consideration for these reasons:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
**Chairperson of Executive Committee**

**Completion by Financial Manager:**

Person designated by Executive Committee to notify Meeting \_\_\_\_\_

Date meeting contacted regarding construction: \_\_\_\_\_ Initials \_\_\_\_\_

Date construction began: \_\_\_\_\_ Initials \_\_\_\_\_

Date application form mailed to Treasure of Trustees of Trust Funds: \_\_\_\_\_ Initials \_\_\_\_\_

Date check given to Superintendent for delivery to meeting: \_\_\_\_\_ Initials \_\_\_\_\_

Date delivered by Superintendent or person designated \_\_\_\_\_ Initials \_\_\_\_\_

Other information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_