

**APPLICATION FORM: MATCHING FUNDS REQUEST FOR METHODIST CHURCH OF HAITI DISASTER  
RESPONSE AND/OR HUMANITARIAN AID PROJECTS**

Project Name \_\_\_\_\_

Virginia United Methodist Project Sponsor \_\_\_\_\_

Haitian Methodist Project Partner (Haiti District; Circuit; Superintendent;  
other \_\_\_\_\_)

Project Description (Give details of the type of project, whether disaster or humanitarian, to which you  
have committed; who approved it; who will benefit; how the project benefit others; and the nature of  
partnership you have established your Haitian brothers and sisters.)

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Project Cost \$ \_\_\_\_\_

Amount of Team or Individual Contribution to the project \$ \_\_\_\_\_

Matching Amount Requested \$ \_\_\_\_\_

Matching Amount Approved \$ \_\_\_\_\_

Virginia Conference Agent Approval \_\_\_\_\_

(Signature)