

Ministry Renewal Endowment Fund Application

General Assembly of the Church of God in Michigan

Purpose of the Ministry Renewal Endowment Fund

The intent of the Ministry Renewal Endowment Fund is to extend the “ministry of healing, teaching, and training” to pastors, lay leaders, and congregations who are part of the General Assembly of the Church of God in Michigan. The healing, teaching, and training events are designed to enhance the ministry viability and growth of pastors, lay leaders, and congregations. Grant funding is based upon the quality of this proposal and availability of funds.

Timeline

Grant money needed from January 1 to May 31 must be applied for by the preceding October 1. Money needed from June 1 to December 31 must be applied for by the preceding April 1. These funds will not be released until we receive confirmation of full funding.

Name of Church

Church Address

Phone (Main)

Email

Senior Pastor

Date of Application

What person/persons will benefit from this Grant and what is their role in the church?

Recipient of Grant (Church, Board/Committee, Individual, Auxiliary, etc.)

Purpose for Which the Grant Will Be Used:

Amount Requested (\$1000.00 max.) \$

Cost of the Entire Project? \$

Your grant will receive greater consideration by submitting a line item budget (attach to application).

Where will the remaining funding come from?

Ministry Renewal Endowment Fund Application

General Assembly of the Church of God in Michigan

In what ways does this request fit the criteria of the Ministry Renewal Endowment Fund purpose statement?
(See the statement at the top of this application)

List two to four measurable goals to be accomplished through this event.

Please attach any supporting documents that would help the Pastoral Health Ministry make a decision about your grant. If you receive this grant, please submit a Report Form (available online) within thirty days of the conclusion of this event.

Signature and title of applicant Date

Signature of the senior pastor Date

Signature of church treasurer Date

Signature of church's governing board chair Date

Office Use Only:

Date Application Received: ___/___/___

Decision By Pastoral Health Ministry:

___/___/___ Approved ___/___/___ Denied ___ Needs Further Clarification

Comments:

Date: ___/___/___

Issued to: