Ministry Renewal Grant Application

General Assembly of the Church of God in Michigan

Purpose

The intent of the Ministry Renewal Grant 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/Ministry, 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?	

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In what ways does this request fit the criteria of the Ministry Renewal Grant 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: ___ Needs Further Clarification __/__/__ Approved ___/__/__ Denied Comments:

Date: ___/___ Issued to: