

## **ER Parks Medical Mission Fund Grant Application**

Date of Application:	
Name of Church/Group	
Requesting Grant:	
Name of Requestor:	
Mailing Address:	
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Email Address:	
Phone Number:	
Payee Name:	
•	(Please note that the check will not be made payable to an individual)

Please answer the following questions in approximately 400 words:

- 1. Describe your group's mission, membership, and connection to the North Georgia Annual Conference.
- 2. Describe the goal(s) of your group's medical mission project in detail, including how it will involve both laity and clergy.
- 3. Describe this missional partnership, including the length of time that it has been established and the relationship of this partnership to either the General Church or the North Georgia Conference.
- 4. Are there other groups involved in this partnership? If so, what is their relationship to this missional partnership.
- 5. How has this missional relationship impacted your group? How is this missional relationship expected to impact your group?
- 6. How will this project equip the local church to be effective in fulfilling its mission and witness in the community and world?
- 7. Please provide a detailed budget for this request and also an outlined plan for how this missional partnership will evolve over time.

Source		Amount
ER Parks Med	lical Mission Fund	
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	TOTAL PROJECT BUDGET:	\$
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Print name  Signature		 Date
Print name  Signature  are of project cor		 Date

Please complete the application and email to phiggins@ngumc.org.