

THE COMMITTEE ON EXISTING CHURCH DEVELOPMENT

The Office of Connectional Ministries
The North Georgia Annual Conference

APPLICATION FOR ASSISTANCE

Date: _____
Church/Charge _____ District _____
Mailing Address _____ City _____
Zip _____
Church Phone _____ Parsonage Phone _____ Fax _____
Email Address _____
Pastor _____ Appointed _____

Submit a copy of the church's Vision/Mission Statement, including a description of the church's program of evangelism to reach the unchurched in your community.

	<u>Membership</u>	<u>Average Worship Attendance</u>	<u>Average Sunday School Attendance</u>	<u>% Apportionment Paid</u>	<u>Total Income</u>
2007	_____	_____	_____	_____	_____
2006	_____	_____	_____	_____	_____
2005	_____	_____	_____	_____	_____
2004	_____	_____	_____	_____	_____
2003	_____	_____	_____	_____	_____
2002	_____	_____	_____	_____	_____
2001	_____	_____	_____	_____	_____
2000	_____	_____	_____	_____	_____
1999	_____	_____	_____	_____	_____

Describe the Project for which funds are requested: _____

Dates for Beginning/Completion of Project _____

Total cost of Project: _____

Sources of income to complete Project:

\$ _____ Funds on hand
\$ _____ Capital Funds Campaign
Who conducted the campaign _____
Total number of pledges _____
Total amount pledged _____ # of years _____
Beginning/ending date of campaign _____
\$ _____ District mission funds
\$ _____ Amount borrowed - lending institution: _____
\$ _____ Other funds available - describe: _____
\$ _____ Amount requested from Existing Church Development funds
\$ _____ **Total**

Have the plans for this project been approved by the administrative body of the church and/or the Charge Conference? _____ Date approved _____

Have the plans for this project been reviewed and approved by the District Committee on Church Development? _____ Date approved _____

ADDITIONAL INFORMATION MAY BE REQUESTED
DEPENDING ON THE SCOPE OF THE PROJECT
(OVER)

A. This application must be approved by the **Pastor** and the **Chair of the Administrative Board/Council** and submitted to the **District Superintendent**.

Signed: _____ Chair
 _____ Pastor
Date: _____

B. This application has been reviewed and approved by me.

Signed: _____ District Superintendent
Date: _____

Comments: _____

PLEASE RETURN COMPLETED APPLICATION TO:
THE OFFICE OF CONNECTIONAL MINISTRIES
Committee on Existing Church Development
4511 Jones Bridge Circle
Norcross, GA 30092