## ETHNIC LOCAL CHURCH/ MINISTRY GRANT North Georgia Conference of the United Methodist Church Committee on Ethnic Local Church Concerns 1700 Century Circle, Suite 100, Atlanta, GA 30345 PHONE: 678-533-1442 FAX: 678-533-1447

Please consult the Guidelines of the Committee on Ethnic Local Church Concerns (ELCC) for the criteria for funding from the ELCC. Deadlines for submission of these forms are February 1; April 1; August 1; and October 1 of each year. Late submissions will be considered by the ELCC during the next cycle. Please note: All applications must be submitted on this form.

Church or Ministry requ	uesting this Grant:			
Address of Church or M	linistry			
Contact Name		Contact Cell and Phone Numbers		
Email Address		AmountDistrictRequested \$		
	How many pr			
Purpose of the Request -	- How the money will be	spent (Be spe	cific and concise):	
When the money is need	ed:			
Please attach the followi A copy of the bud Detailed document	ng with your application lget and other sources of ntation for all proposed e n that might assist the E	: income for th expenditures.	nis initiative.	
FOR COMMITTEE USE O	ONLY:			
Date Received	Meets Criteria?	Date Referred to	ELCC(Date)	
	Amount of Chair and Date)			
-	Date DS N			

(Attach a copy of all letters sent communicating the ELCC's decision on the application.)