



ER Parks Medical Mission Fund Grant Application

Date of Application: _____

Name of Church/Group _____

Requesting Grant: _____

Name of Requestor: _____

Mailing Address: _____

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.

8. Please detail all anticipated revenue sources for this project below:

Source	Amount
ER Parks Medical Mission Fund	
TOTAL PROJECT BUDGET:	\$

CERTIFICATION:

Signature of conference representative (Sr. Pastor, and District Superintendent) in support of this project:

Print name

Signature *Date*

Signature of project contact person in agreement of the conditions stated on the first page:

Print name

Signature *Date*

Applications may be obtained at <http://www.ngumc.org/grants>. Please complete the application online or download, complete and email it to tonya.lawrence@ngumc.net, Associate Director of Connectional Ministries and phiggins@ngumc.org, Administrative. Assistant.