



THE HURTING CHURCHES FUND
Application for Financial Assistance

Note: All information related to Hurting Church grants is kept in the strictest confidence, with only a few people aware of actual grant recipients and the nature of their request.

Date of Application: _____ Amount requested: \$_____

Church Name: _____

Church Address: _____

Phone: _____ Email: _____

Primary Contact Name: _____

The following documents must be attached to this application:

- Please describe the issue / problem and the intended use of the grant.
- Please describe an explanation of the costs anticipated to be addressed by successful reward of this grant.
- Please describe the steps your church has taken/is currently taking to address the need.
- Please include the resolution passed by the church that addresses this requirement: *The congregation must pass a resolution stating that in the event of dissolution, active withdrawal or being removed from active churches the NACCC, the amount of financial assistance received shall be returned to the NACCC for assisting Hurting Churches in the future.*
- Please attach a record of official church action, from the governing board, authorizing this application.

 Signature of Authorized Representative of the Applying Church _____
 Date

By signing this document, the church agrees to share their "how these funds helped us" story with a final report to the Growth Ministry Council within 6 months of funds being awarded.

For office use only, record the following dates / notes.

| App rec'd | Sent to Task Team | Reviewed by GMC | ___ Approved ___ Not approved | Church notified | Request for check to accounting | Check Sent | 6 mon report rec'd |
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