

2024 Request for Financial Assistance

Congregation/Mission/Organization _	
Congregation ID# (if applicable)	
City or Town:	
Contact Name:	
Submitted by: (include signature)	
Date Submitted:	
Phone Number:	
Email Address:	
Registered Charity #:	

1. Type of request (attach additional sheets as required):

- a. Support for mission and ministry of a congregation
- b. Funding for a new program or outreach
- c. Support for mission organization funding
- d. other

2. Funding Need Summary:

2024 Total Proposed Budget (Expenses)	\$
2024 Total Anticipate Receipts (Income)	\$
Anticipated Shortfall	\$
Requested Subsidy	\$

3. History:

Year	Communicant Membership	Average Church Attendance	Actual Mission Giving or Goal for future	Total Offerings	Total Budget	Subsidy
2021						
2022						
2023						
2024 Projected						

- **4. Actual Cost:** Please attach a summarized list of the actual costs that have been expensed for the current year to show how your congregation spent the funding that you have received.
- **5. Budget:** Please provide a detailed parish/organization budget for the upcoming year.



6. Mission & Ministry information:

Information as of December 31 last year		
Bible Classes		
How many classes per week?		
Average Attendance		
Children's Ministry		
Is Sunday school offered?		
Average Attendance		
Is Vacation Bible School offered?		
Youth activities/events		
Average number per month		
Online resources (live or pre-recorded)		
Worship Services offered		
Bible study or devotions		
Visitation		
Number of Shut-ins		

1.	. What have been the challenges? Short term (up to 12 mos) and long term (1 year plus)		



2. Wha	t have been your blessings and opportunities in mission and ministry during the past year?
Person respo	onsible for submitting mid-year and annual reporting:
Name(s):	
Email Add	dress:
Phone #:	

Return to: Regional Pastor and Circuit Counsellor for review and approval by May 31, 2023