Request for Financial Support
New Church

The Eastern Pennsylvania Conference of the United Methodist Church

Congregational Development Team (CDT)

Directions:

The **C**DT values your request for financial support.

In order to review any request for financial support:

• Please complete all of the information requested in this packet

• Please attach a copy of your new church start's pro forma (as presented to your District Superintendent) including:

Mission and Vision statements, demographic study, sketch of ministry, and proposed financial plan.

• Please detail any additional ministry activity (since your pro forma was approved) which might help the CDT understand your case for support.

• **If this is not your first time, please include your coach's annual assessment of your ministry.**

Church and planting Pastor Information: Today's date:_____

Name of New Church: _____ Church No. _____

District: ☐ Central ☐ East ☐ Southeast ☐ Northeast ☐ Southwest ☐ Northwest

Date Church Plant was approved: _____

Church launch date _____ □ Actual date □ Projected date

Name of Planting Pastor or Laity _____ email _____

Mailing address _____

Telephone numbers: (Home) _____ (Work) _____

Pastor's Status: □ Licensed Local Pastor □ Probationer □ Deacon □Elder □ Laity □ Other

New Church Training date: _____Name of Sponsoring group: _____

This is the □ first □ second □ third □ fourth □ fifth request for financial support

Has annual assessment been done yet? _____ By whom? _____

Name of Assigned Coach: _____

Amount of all previous givings by the CDT: _____

The Church Planting Leadership Team

Members of he Church's Launch Leadership Team

Name Leadership Role

1. _____ _____
2. _____ _____
3. _____ _____
4. _____ _____
5. _____ _____
6. _____ _____
7. _____ _____

Please detail below the working relationship between all of the Launch Leadership including the Planting Pastor.

Be sure to include details such as meeting patters, responsibilities, and the level of ministry accomplished through
all members of the Launch Leadership Team: (attach additional information as necessary)
Please list all persons serving on your Prayer Team:

_____

_____

____

_____

_____

Total number of leaders mobilized in this church plant: _____
Total number of persons associated with this church: _____

Request for Support

Total dollar amount of this request: $_____
Please complete the following questions:
1. Toward what primary end will this request be used?

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2. If this support id granted, how will it [continue to] further the mission and vision of your church and the church at large?

3. If this support is granted, how will it further fulfill the Great Commission of Jesus Christ?
4. Has the planting pastor participated in the following seminars?
Healing the Wounds of Racism [ ]Yes [ ] No If not, why not or when planning to attend?

_____

_____

Sexual Ethics [ ] Yes [ ] No If not, why not and when planning to attend?

_____

_____

Processing your application

Please return your completed copy of this application packet to:
The Rev. Gordon Hendrickson/ The Eastern Pennsylvania Conference of the United Methodist Church/PO Box 820/ Valley Forge, PA 19482-0820 or email to gordonacts6@gmail.com, and a copy to your DS.
Be sure to include the following information with your application:
• A copy of your church's pro forma including: mission and vision statements, demographic study, sketch of ministry, and proposed financial plan
• Additional ministry activity since your pro forma was approved which further helps the CDRT understand your case for support
• If this is not your first time, include your church's assessment of your ministry.