

**NORTHEAST CONFERENCE EVANGELISM GRANT PROGRAM  
2009 Matching Funds Grant Application  
Application Due Date: April 1, 2009**

<i>Congregation Name:</i>		<i>Phone:</i>	
<i>Address:</i>			
<i>City, State, Zip:</i>			
<i>Designated Contact:</i>		<i>Phone:</i>	
<i>Program / Project Name:</i>			
<i>Total Program Cost:</i>	<i>Requested Grant Amount:</i>	<i>Program Start Date:</i>	<i>Program Completion Date:</i>

**Documentation Requirements – Please Attach**

- Program Narrative Description (Max 2 Typed Pages Doublespaced)
- Detailed Program Spending Plan
- Price Quotes / Estimates (Optional)
- Brochures / Flyers (Optional)

**Congregation Signatures**

*Pastor or Minister:*

*Church Council President or Secretary:*

**FOR CO-ET USE ONLY**

*CO-ET Recommendation:*

*Recommended Priority:*

*CO-ET Chairperson Signature & Date:*

**FOR NORTHEAST CONFERENCE COUNCIL USE ONLY**

*Council Decision:*

*Assigned Priority:*

*Council Chairperson Signature & Date:*