

HOPE GRANT APPLICATION

The planter, or authorized district representative must complete this application. Once completed, please email the application for Mark Bane approval at mbane@nazarene.org. The signature of the District Superintendent must be on the form for consideration of the grant, and the request must come from the District Superintendent.

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1.	Name of church applying for grant:					
	Street Address:					
	City, State, Zip:					
	Founding Pastor/Leader:					
	Phone Number:					
	Who is filling out this request?					
2.	District:					
3.	Is this new work a PAC or CTM?*					
4.	If a PAC, please give:					
	Name of Parent Church:					
	Address, City, Zip:					
	Pastor:					
	Phone Number:					

5. How much money are you requesting? (\$10,000 maximum)

6.	What type of new work will the money be helping support?					
	Organic	Cowboy	Church plant	Multi-site		
	Other (please specif	fy):				
7.	7. Please give a breakdown and explanation of how the money will be distributed:					
8.	Has the District, the of the grant request		urch, partner churches, etc, a	agreed to match the amount		
Signature (Planter):						
Signature (District Superintendent):						
Office	Use only:					
Date Received:						
Appro	ved: OR	Denied:				
CTM- Church Type Mission- This new work is a standalone plant with no parent church affiliation. PAC- Parent Affiliated Congregation- This new work has a parent church affiliation.						