

MAP Funding Request

(Please Print Legibly)



CHURCH INFORMATION:

Church/Organization: _____ Date: _____

Church Lay Advisor Name: _____ Telephone #: _____

Church Membership: _____ MAP Area: A B C D

Year of Last MAP Request: _____ Church's YTD % of Income Contributed to MAP: _____%

Does your Lay Advisor typically attend the annual Lay Advisory Retreat at Camp Au Sable? Yes No

Does your Lay Advisor promote MAP and/or make the monthly MAP offering appeal? Yes No

If approved, do you agree to make your congregation aware and further promote MAP? Yes No

Please note: MAP cares for and wants to help every church!! Your answers above may not impact the decision of the committee but do highlight the expectations of the committee and the importance of each church's involvement in faithfully promoting MAP.

PROJECT INFORMATION:

Requested Amount: \$ _____ Percent of Total Project Requested: _____%

Total Project Cost: \$ _____ Local Funds Raised So Far: \$ _____

Have you attached two or more competitive bids if applicable? (This is required) Yes No

- Project Type: Unique Evangelism
 New Building
 Renovation, Improvement, or Emergency Maintenance

Brief Project Description and Current Progress: _____

Special Note(s) or Circumstances (attach additional pages if necessary): _____

Local Church Lay Advisor Signature: _____ Date: _____

Area Chair Signature: _____ Date: _____

Send one copy of completed and signed forms to each: Lay Advisory Chair & Conference Treasurer

Action Taken: Approved: \$ _____ Date: _____

Denied for reason: _____

All requests for funding are subject to availability of cash on hand and the discretion of the Statewide Coordinating Committee.
No promises of future funding are made or implied.