



Mission Endowment Fund Application Form

Mission Project Name

Mission Project Name:

Applicant Information

Full Name: _____ Date: _____
Last First

Address: _____
Street Address Apartment/Unit #

City Province Postal Code

Phone: _____ Email: _____

Mission Project Description

Please provide a brief description of your mission project.

Project Time Frame

Proposed Start Date

Expected End Date



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Proposed Resources Needed

Number of Paid Staff	
Number of Volunteers	
Supplies Required	
Office Space Required	
Other Resources	

Proposed Budget

Please list all the cost including material, travel, wages, etc.

Wages:	
Supply Costs:	
Travel cost:	
Other Costs:	
Total	

Applicant Signature

Signature: _____ Date: _____



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Mission Endowment Fund Committee Approval

Project Recommended for Submission to Congregational Council	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Comments:		

Chair Mission
Endowment Fund
Signature: _____

Date: _____

Congregational Council Approval

Project Approved	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Comments:		

Chair Congregational
Council
Signature: _____

Date: _____