

Mission Backpack Partnership Request

Central Texas Conference Center for Mission Support

Name of Church: _____

Team Leader of this Ministry Name: _____

E-Mail: _____ Address: _____

Names of other leaders involved in this ministry team (requires a minimum of 4 additional persons).

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

Name of school with whom you desire to partner: _____

What are the relevant demographics of this school? (for example, how many/what percentage of children are on the free and reduced lunch program?) _____

Please briefly describe the ministry for which you are requesting partnership.

Please describe the contact you have made with the school regarding this ministry.

What funding can you commit to the start-up/expansion of this ministry?

How much funding are you requesting from the Central Texas Conference and how will those funds be used?

What is your plan for raising on-going funding after this initial partnership grant?

If you have a plan to partner with other churches or community organizations in this endeavor, please briefly describe it.

We agree and understand that the conditions of this partnership grant require a start-up report at the beginning of the year, a mid-year report at the end of the first semester, and an end of the year report. _____ YES _____ NO

The report will include the following information:

Number of children served

Number of backpacks delivered

Number of volunteer hours involved

Amount of funds expended in ministry

A narrative report of the impact this ministry has had on your community and your congregation.

Signature of Team Leader

Date

Signature of Senior Pastor

Date