

Legacy Grant Fund
American Baptist Churches of Pennsylvania and Delaware
Grant Request Form

Date

Group Submitting Request:

Address:

Amount Requested:

Contact Person:

Address:

Telephone # and E-mail Address:

Pastor's Signature _____

(if Pastor is not the person submitting the grant request)

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Please **TYPE ALL** Answers, include additional documentation if necessary. Please forward this request to the Regional Pastor in your corridor

Nature and purpose of the grant request and the direct relationship to the support of local church initiatives or regional initiatives for the benefit of local church ministry throughout ABCOPAD:

Time Frame and Total Projected Cost:

Other Sources of Funding:

Evidences of long-range, cooperative planning:

Did your church support financially support ABCOPAD's Partners in Ministry Offering last year?
Has your church continued financial support of Partners in Ministry this year?
Has your church submitted the Cooperative Church Annual Report this year?