

CHURCH PLANTER ASSISTANCE APPLICATION
Church Planting Ministry, Georgia Baptist Mission Board
6405 Sugarloaf Pkwy, Duluth, GA 30097



Please answer each question on these three pages completely and carefully. This information is requested for the Administration Committee which cannot approve the application for Church Planter Assistance until requested information is provided and Church Planting Ministry determines that the requirements for Church Planter Assistance have been met.

THE FOLLOWING WILL HELP DETERMINE IF THE APPLICANT IS QUALIFIED FOR CHURCH PLANTER ASSISTANCE

- | | | | |
|----|--|-----|-----|
| 1. | Church Planter is a member of _____ Church. | | |
| | | Yes | No |
| 2. | Are you affiliated with any other church planting network(s)?
If so, which one(s)? _____
_____ | ___ | ___ |
| 3. | Church Planter is ordained and meets the following guidelines. | ___ | ___ |
| 4. | Church Planter has been assessed with positive results and has attended or plans to attend Church Planting School. | ___ | ___ |
| 5. | Religious survey or complete demographics attached. | ___ | ___ |
| 6. | Budget (proposed if new church) is complete and attached | ___ | ___ |
| 7. | Map with target area marked, and a strategy statement explaining how you plan to develop the church. | ___ | ___ |

If any item is checked "no", Church Planter Assistance may not be available. Please read the application carefully before applying. Associations which approve applications are responsible to certify that the above have been met before forwarding to the state mission board.

INFORMATION CONCERNING CHURCH

New Church: _____ Sponsoring Church 1: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Church Planter: _____ Pastor: _____

Monthly Amount Requested: \$ _____ Sponsoring Church 2: _____

Annual Amount Requested: \$ _____ Address: _____

Term to run from: _____ City, State, Zip: _____
(month) (year)

to _____ Pastor: _____
(month) (year)

New Renewal Application

Sponsoring Church 3: _____

Address: _____

1st 2nd 3rd 4th year assistance requested

City, State, Zip: _____

Current term expires: _____ (month) _____ (year) Pastor: _____

Current Monthly Amount: \$ _____

Sponsoring Church 4: _____

Address: _____

City, State, Zip: _____

Pastor: _____

Principal Employer (Association, Sponsoring Church, New Church) to whom Church Planter Assistance checks will be mailed:

Principal Employer _____ Address _____ City _____ State _____ Zip _____

INFORMATION CONCERNING NEW CHURCH MEMBERSHIP AND GROWTH POTENTIAL

Total Members: _____ Number of Households: _____

Enclose a completed demographic profile of the potential target area/community

Population within three miles of target area: _____ Professions of Faith: _____ Letter/Statement: _____

Baptisms: _____ Average Core Group Attendance: _____ Average Bible Study Attendance: _____

INFORMATION CONCERNING CHURCH FINANCE

Missions Gifts (actual or projected)**Income Sources for Church Planter's Salary**

Cooperative Program	_____ % of budget	New Church	\$ _____
Church Planting Fund	_____ % of budget	Sponsoring Church	\$ _____
Local Association	_____ % of budget	Partnering Church(es)	\$ _____
Other	_____ % of budget	Other	\$ _____
Other	_____ % of budget	Other	\$ _____
Other	_____ % of budget	Other	\$ _____

ENDORSEMENTS

NEW CHURCH

We, the _____ Baptist Church in the _____ Association, request the Executive Committee of the Georgia Baptist Mission Board to approve Church Planter Assistance in the amount of \$ _____ beginning _____ and ending _____. Total salary for church planter for the term of this request: \$ _____.

In requesting Church Planter Assistance from the State Missions funds of the Georgia Baptist Mission Board, WE AGREE ON OUR PART AS FOLLOWS:

First, To pay \$ _____ per month for pastor's support.

Second, To send monthly mission gifts to the Georgia Baptist Mission Board.

Third, To contact each church family or member for pledges (commitments) to provide our pastor's support as promised by the new church and to report to the Executive Committee the results of our contacts.

Fourth, To develop a comprehensive approach to stewardship growth in our congregation.

_____ has been selected as church planter.
(Name of church planter)

Our church has reviewed this form and requests approval _____, _____.
(Moderator or appropriate officer) (Date)

SENDING/SPONSORING CHURCH

We, the _____ Baptist Church, after careful consideration of the application, find that requirements of the Executive Committee of the Georgia Baptist Mission Board as set forth in this application have been met and we have approved this request for \$_____ during the time specified, believing that this will be mission money well spent. WE CERTIFY THAT THE ACTION APPROVING THIS APPLICATION WAS TAKEN AT A CHURCH BUSINESS MEETING THIS _____ DAY OF _____ 20__.

Clerk Moderator

PRIMARY CONTACT of the SENDING CHURCH _____

ADDITIONAL SPONSORING CHURCHES

Clerk Moderator

PRIMARY CONTACT of the SENDING CHURCH _____

Clerk Moderator

PRIMARY CONTACT of the SENDING CHURCH _____

Clerk Moderator

PRIMARY CONTACT of the SENDING CHURCH _____

ASSOCIATION

We, the _____ Baptist Association, endorse the above statement as true and accurate and thereby recommend the above requested assistance, WE CERTIFY THAT THE ACTION APPROVING THIS APPLICATION WAS TAKEN AT A MEETING OF OUR COMMITTEE HELD AT _____ ON _____, 20__.

Secretary/Clerk Chairman