**Financial Support Request**

This application will be used by the Mission Mobilization Team to identify, review, and evaluate funding for mission partners from our mission funding.

Mission partner name:

Date:

Organization name:

Address:

City, State, Zip:

Telephone:

Contact person:

Email:

Is your organization a member of the ECFA?

Ministry focus: Please write a brief summary of the primary focus of your ministry or project.

Where is your ministry located?

Who are the people groups and/or population begin reached by this ministry?

What are the primary strategies employed by your ministry? (For example, church planting, community development, discipleship, evangelism, humanitarian aid, medical care, ESL, leadership development, etc.)

What impact have you seen, or do you hope to see?

What are the financial needs of your ministry or project?

Other than prayer and financial support, what are two or three practical ways our church members can assist or support your ministry?

Is there a possibility of short-term teams or local teams assisting with your ministry? If yes, what might this look like?