



Request for Missions Assistance

CityGate Ministries requires all ministries requesting missions support or assistance to complete this application. All requests will be reviewed by the CityGate Missions Committee and will receive a response within 60 days of receipt. Additional information may be required prior to final action. All applications and accompanying documents or electronic media submitted may also be subject to further review by the CityGate Ministries Representative Council as deemed necessary.

NOTE: If approved as an on-going mission, all recipients will be required to comply with CityGate Ministries' Policy and Procedure for Mission Funding to ensure continued support. Any change in information or status for which funding has been granted must be submitted in writing to the attention of the CityGate Missions Committee and/or Representative Council in a timely manner.

Please indicate and describe the type of assistance being requested from CityGate Ministries:

Financial support, gifts, stipends, sponsorships, memoriums, or special offerings:
_____ Amount requested: \$ _____

Claims of support, patronage, or endorsement (whether verbal or written) by CityGate Ministries:

Any fund raising efforts and/or acceptance of donations for missions projects, events, or trips:

Any anticipated missions fund disbursement to be made by, or through, CityGate Ministries:
Amount requested and term: \$ _____ per week month year one-time

Requested by: _____ Request date: _____

Mission / Ministry name: _____

Director of Ministry: _____

Mailing address: _____

Phone number: _____ Email: _____

Website / Facebook page, etc.: _____

1. Briefly describe this mission and its purpose. Include target population(s), number to be served, and key activities to meet these goals (*attach additional pages as needed*): _____

2. Vision statement and specific goals for the next 12 months (*attach additional pages as needed*):



Request for Missions Assistance

3. Are there specific needs anticipated over the next 12 months that CityGate Ministries may also partner with you to meet? *(attach additional pages as needed)* _____

4. Are you currently connected with other ministries and, if so, which ministries and to what extent do they provide support? _____

5. Is the ministry accountable to a board of directors or oversight committee? Yes No If Yes, please list contact name: _____ Phone: _____
 Address or email: _____
6. During the last 6 months, how many people have been served through this ministry, and in what manner were they served? *(attach additional pages as needed)* _____

7. What is this ministry's budget? \$_____ per week month year Please submit a copy of this ministry's most recent annual budget if available.
8. Does this ministry have other funding sources? Yes No If Yes, please list source / contact:
 Source / contact: _____ Phone: _____
 Source / contact: _____ Phone: _____
 Source / contact: _____ Phone: _____
 Source / contact: _____ Phone: _____
9. How would funds from CityGate Ministries be used? *(attach additional pages as needed)* _____

CityGate Missions Committee Recommendation:

Approve Disapprove Amount: \$_____ Term/Duration: _____

Comments: _____

Committee Representative: _____ Date: _____