

Mission Match® Application Form

A work of *empty tomb*®, inc.

Congregational Application to Reserve a Matching Contribution

All sections are required except II.D.2. Be sure to print the form after completing Section V. and fill in Section VI. using a pen.

Note: Be Sure to Apply and Then Receive Written Approval Notice of a Reserved Matching Contribution from the Mission Match Office **Before** Raising Your Congregation's Money to Be Matched.

I. Please Provide Your Church Information.

A. Church Name: _____

B. Street Address: _____

C. City: _____ ST _____ ZIP: _____ + _____

D. Phone Number: ____ - ____ - _____ Fax Number: ____ - ____ - _____

E. Email Address: _____

F. Denominational affiliation: _____

G. Leadership information [**Note:** Pastor and Chair in 1. & 2. below must be different people.]

1. Name and Title of Senior/Sole Pastor

1a. Name Senior/Sole Pastor: _____

1b. Title of Senior/Sole Pastor: _____

2. Name of Chair of either leadership board or missions committee:

2a. Name of Leader: _____

2b. Title: _____

2c. Name of Board or Committee: _____

3. Name of Contact Person:

3a. Name: _____

3b. Church Title/Role of Contact Person: _____

Phone Number of Contact Person: _____

Email Address of Contact Person: _____

II. Please Provide Your Mission Project Information.

A. Location (Select one of 40 listed countries): _____

B.1. Contributing Factors to Under-5 Child Death Rate to be addressed by this project (indicate which general category your project will address; click on all that apply):

Medical Workers Medical Supplies/Equip. Medical Facilities

Other: _____

B.2. Please also indicate which of the following specific causes of death your project hopes/might reasonably expect to address (click on all boxes that may apply):

Pneumonia Diarrhea Malaria Pertussis Measles

Meningitis Preterm Intrapartum-related Events AIDS Congenital

Injuries Non-communicable Disease (NCDs) Other: _____

Neonatal:

Preterm Sepsis Intrapartum-related Events Tetanus Pneumonia

Congenital Injuries Diarrhea Other: _____

C. Date when the Mission Project money is to be spent (MM/DD/YYYY): _____

D. Project Description:

1. Please give a brief description of your Mission Project (Limit: 275 characters):

2. If there is any information available, in addition to the Project Description, about how your project plans to address the causes of death checked in II.B.2., please provide it here (Limit: 275 characters):

3. Please describe how the project is being carried out in Jesus' name at the distribution end (Limit: 275 characters):

E. Please select one of the following options and provide the requested information:

This is a denominational project. The denomination will spend the money.
Denomination (include Project number if any):

This is a congregational project in cooperation with the following agency:

The congregation will be supporting the work of the following agency:

III. **Indicate the Amount of a Matching Contribution** that your congregation would like to reserve.

Matching contribution amount to be reserved by Mission Match (subject to availability of funds): Our congregation would like to reserve a Mission Match Matching Contribution in the amount indicated below. We understand that our congregation will raise at least this amount in expanded mission money in order to receive the Matching Contribution amount requested below. **Note: Click on only one box.**

\$500 \$1,000 \$1,500 \$2,000 \$3,000

IV. **Money Our Congregation Will Raise:** We understand that, in order to receive a Mission Match Matching Contribution in the amount requested above, our congregation will raise at least the same amount in expanded mission money from designated giving by those in our congregation.

That is, we will raise at least (must match or exceed selection above): \$_____

If our Application is approved, we understand the Reservation Period, for our congregation to raise the money to be matched, is up to 90 calendar days from the date of the written approval notification that a Matching Contribution has been reserved for our congregation.

V. Other Agreements.

- We have read the Mission Match **Application Procedures** and agree to follow them.
- We have read the Mission Match **Application Guidelines** and agree to abide by them.
- We have read the **Application Terms and Conditions** and agree to abide by them.

In keeping with the Mission Match Application Guidelines:

- We are waiting to raise our congregation's money to be matched until written approval notification is received by us from the Mission Match Office that a Mission Match Matching Contribution has been reserved for our congregation.
- We understand that at least one written opportunity to contribute funds to be matched, must be offered to all of those affiliated with our congregation (e.g., newsletter article; special letter to the congregation).
- We understand that the funds to be matched must come from intentional, designated giving by people in our congregation, and *not* be raised through special events fundraising such as auctions of donated items, car washes, bake sales, or walkathons.
- We intend that the money raised in our congregation for this project will expand spending on missions outside the U.S. as a percent of total spending by the congregation.
- We agree that after the mission project described in this application has been completed, we will return a completed Comments Response Form and, as appropriate, support materials, such as photos, video, or other media (whether print or electronic), and comments (e.g. newsletters and emails), of the mission project activity, within the requested timeframe (see Application Procedures and Application Terms and Conditions).

VI. Print and Return the Application with Requested Documents

Print the Application form, complete Section VI. in pen, and mail the printed Application with the requested documents as indicated below.

Note: Application cannot be processed without the following three boxes checked, the two items being included with the Application, and both signatures and dates being provided:

- We are mailing a true copy of the printed Application with the following requested documents.
 - A recent Sunday bulletin
 - A dated cover letter on church letterhead signed by the Contact Person.

Signatures: We affirm that the above information is true and correct.

Senior/Sole Pastor of the Congregation: Same as in section I.G.1.

Signature: _____

Print Name: _____ Date signed: _____

Chair of either leadership board or missions committee: Same as in section I.G.2 above.

Signature: _____

Print Name: _____ Date signed: _____

Please mail your completed application and supporting documents to the following address:

Mission Match c/o empty tomb, inc. P.O. Box 2404 Champaign, IL 61825-2404