

East Denver Church of God
Application for a Mini Ministry Grant

Date: _____

Ministry description:

Itemized Budget:

Amount:

_____	_____
_____	_____
_____	_____
_____	_____
Total	_____

Amount requested: _____

Who will participate in the ministry?

_____	_____
_____	_____
_____	_____

People requesting:

Signatures:

_____	_____
_____	_____

Leadership Team Approval	yes	no
Comments: _____		

Ministry name: _____	Number	_____
Leadership Team Signature: _____		