

East Denver Church of God

6430 Martin Luther King Blvd

Denver, CO 80207

303-333-5911

MINISTRY APPROVAL AND VERIFICATION FORM

Ministry Name _____

Location _____

Contact Person (Print) _____

Phone _____ E-mail _____

Ministry proposed start date: _____

Do you need use of the Building? ____yes ____no

Date(s):_____ Time(s):_____

Description of Ministry _____

Ministry Date(s) _____ Total Number of Hours_____

Optional comments from Contact Person _____

Do you need a grant for this ministry? ____yes ____no

(Please attach grant application form)

Contact Person's Signature (after completion) _____

Pre-approved by _____ Date _____

Approved Yes No Date _____

Leadership Team Signature (chairman) _____

Ministry name: _____ Number: _____

This completed form along with grant application form must be returned to Leadership Team of the EDCOG for approval.