

# Mission Match®

A project of *empty tomb*®, inc.

## Congregational Application to Reserve a Matching Contribution

**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.

Sections I. through IV. can be typed online. Then print the form and complete Section V. in pen.

### 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
1. Name and Title of Senior Pastor: \_\_\_\_\_
  2. Name of Chair of either leadership board or missions committee:  
Name of Leader: \_\_\_\_\_  
Title: \_\_\_\_\_
  3. Name of Contact Person: \_\_\_\_\_  
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 (city and country, or, if in the U.S., city and state) of Mission Project where funds are to be applied

- B. Date when a Mission Project matching contribution would be spent:

- C. Project Description: Please give a brief description of your Mission Project, including the goals that you hope to accomplish and any agency that you will be working with, or that will be distributing the money. *(Include additional information on a separate piece of paper if needed.)*

- D. Please select one of the following options:

- This is a denominational project. The denomination will spend the money.  
Denomination: \_\_\_\_\_  
Project#: \_\_\_\_\_
- This is a congregational project. The congregation will spend the money.

Please provide a detailed list of what the funds will be used to purchase, including estimated dollar cost of each item. *(Include additional information on a separate piece of paper if needed.)*

- E. Expanding Your Congregation's Spending on Missions Outside the U.S. as a Percent of Total Congregational Spending: Please provide a brief description of how you intend to raise expanded mission money through designated giving by those in your congregation to support this project. Please share how raising this expanded mission money can help expand the congregation's spending on mission outside the U.S. as a portion of total spending (whether the project is located outside the U.S. or in the U.S.). *(Include additional information on a separate piece of paper if needed.)*

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

See the [Matching \\$ Table](#) for currently available amounts.

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: Check only one box.

- \$500       \$1,000       \$1,500       \$2,000

OR Special "Helping to Stop, in Jesus' Name, Global Child Deaths" Option:

- \$3,000: Our Mission Project will help, in Jesus' name, stop child deaths as follows:  
 Health Intervention     Sanitation     Food Access  
 Other (please describe): \_\_\_\_\_

**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:

\$ \_\_\_\_\_ (an amount at least equal to the matching contribution amount requested above). If our Application is approved, we understand the Reservation Period for our congregation to raise the money to be matched is up to 120 days from the date of the written approval notification, unless otherwise requested below (check one):

- We plan to raise the money to be matched within 120 days from the approval notification.  
 We anticipate needing more than 120 days and request that our Reservation Period be extended to 120 plus \_\_\_\_\_ additional days from the approval notification.

**V. Other Agreements.** *(Please complete the following section on the hard copy with pen.)*

- We have read the Mission Match [Procedures](#) and agree to follow them.  
 We have read the Mission Match [Guidelines](#) and agree to abide by them.  
 We have read the [Terms and Conditions](#) and agree to abide by them.  
 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 those affiliated with our 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 have enclosed the requested documents:
  - A recent Sunday bulletin
  - A dated cover letter on church letterhead signed by the Contact Person.
- We will complete and return in a timely fashion the Mission Spending % Calculator to be sent after this application has gone through a preliminary review by the Mission Match office.
- 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; and,
  - We will return a completed Post-Project Mission Spending % Calculator sent to us by the Mission Match office. This item will be completed in the first quarter following the completion of the calendar year in which the matching contribution was received, in order to provide actual data to replace the estimated numbers provided in the initial Mission Spending % Calculator submitted as part of the application review.

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

**Senior Pastor of the Congregation:**

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date signed: \_\_\_\_\_

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

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