

Mission Match®

A project of *empty tomb*®, inc.

Notice. Mission Match Applications are not being accepted at this time. On May 31, 2016, Mission Match reached its current distribution level. This Sample Application is available for future reference only. This notice will be removed when Mission Match Matching Contribution funds to be distributed are at a level such that applications are again being accepted. Thank you for your interest in Mission Match.

SAMPLE 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: This Church
- B. Street Address: 123 This Street
- C. City, ST, Zip: Anytown, Anystate 1#3#4
- D. Phone Number: (###) ###-#### Fax Number: (###) ###-####
- E. Email Address: -----@-----,---
- F. Denominational affiliation: [Denomination name or description of Christian tradition]
- G. Leadership information [Note: Pastor and Chair in 1. & 2. below must be different people.]
1. Name and Title of Senior Pastor: Rev./Pastor/Dr. Firstname Lastname, Title
 2. Name of Chair of either leadership board or missions committee:
Name of Leader: Firstname Lastname
Title: Chair of Mission/Council/Other Title
 3. Name of Contact Person: Firstname Lastname
Church Title/Role of Contact Person: Descriptive title
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 [limited to 67 characters]:

City, Country

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

Month Day, Year

- 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.) [limited to 204 characters]:

Our congregation will send members to do what/send money to help do what, working with what onsite group, to assist who at the project site, and how will it be done in Jesus' name.
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- D. Please select one of the following options:

- This is a denominational project. The denomination will spend the money.
Denomination: Fill in your denomination here if this option selected.
Project#: Fill in project number if this option selected.
- 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.) [limited to 136 characters]:

Total budget: \$_____ will pay for [item] (\$____), and [item] (\$____), and [item] (\$____), and [item] (\$____), etc. etc.

- E. Increasing 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 mission money through designated giving by those in your congregation to support this project, in keeping with the Guidelines. Please share how raising this additional mission money is intended to help increase the congregation's spending on mission outside the U.S. as a percent of total congregational spending compared to the previous year (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.) [limited to 204 characters]:

[Example: Our church will raise the \$s by an extra offering/a group asking people in our church ... We estimate that this extra global missions project should help our church increase our church's global missions spending as a percent of total expenses to y%, compared to last year's x% on global missions.]

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 [Note: Application cannot be processed without these items being included with the Application]:
 - 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.

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

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