



Wisconsin Conference Application for Financial Assistance from the Critical Mission Site Fund

FUNDING YEAR 2020

Church/Faith Community: _____

Pastor: _____

City Location of Congregation/Faith Community: _____

Circuit: _____ **District:** _____

Phone: _____ **Email:** _____

Are the funds you are about to request: Continued: _____ or New: _____

Please explain why this ministry is a critical mission of the Wisconsin Annual Conference.

Critical mission congregations are ones that cannot sustain themselves but whose ministry focus is in a demographic that is vital to the Wisconsin Annual Conference.

Attach your 2020 budget with detailed information of income and expenses. From YOUR general/operational budget, state the "line item" you are requesting for receiving funds from the Critical Mission Site Fund; you need to be specific relating to your budget.

Table 1 AMOUNT(S) REQUESTED

Line Item	Amount requested	Amount your church (community of faith) will match	Total

In Table 2, please state if you are requesting funds from any other entity for any of the line items in your church general/operational budget. These other entities could be (Foundation(s), General Agencies of our denomination, community grants, etc.).

Line Item	Amount requested	Entity you are requesting The fund	Time cycle (i.e 2019, 2020,2021)

SELF-EVALUATION OF PREVIOUS GOALS TOWARDS SELF-SUFFICIENT

Please refer to the goals on your previous year application (Table 3, 2019 application) and state, where this 'critical mission site' is in regards of each one of these goals. Provide evidence of the progress/critical accomplishment of each one of the goals. This self-evaluation about the fulfillment of your goals is essential for the application process. Provide this evaluation of your 2019 goals in a separate page.

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In Table 3, state three specific goals, how will you create the necessary funds in the next three years in order to become self-sufficient in the "line items" requesting Critical Mission Site funds?

Table 3 STEWARDSHIP TOWARDS SELF-SUFFICIENT

G o a l	Year to be accomplished
1.	
2.	
3.	

Table 4 INFORMATION ABOUT YOUR CHURCH/COMMUNITY OF FAITH

Number of mission events your church carried out during the year	
Average number of adults in your church involved in each one of the mission events	
Number of worship services a week (if any)	
Average worship attendance	
Number of Small/life groups (Bible Study/ Discipleship Group/ Prayer circle, etc.)	
Number of leaders involved in the life of the church (lay, clergy)	
Number of leaders in <u>development</u> within the life of the church	

Year in which you expect the Church/Community of faith will be self-sufficient (take into consideration the budget): _____

REQUIRED ATTACHMENTS:

- **2019 Year-to-Date thru 8/31/2019 Income & Expense Statements**
- **2020 General/Operational Budget**

Please email or mail this application and required attachments

By: November 15, 2019

To:

Your District Superintendent