

**MISSION ORGANIZATION APPLICATION FORM**

Name of mission organization:

Is this a 501-c registered organization: Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

Is there any financial accreditation or certification (e.g., ECFA): Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

Website of mission organization:

Fax number:

Postal address:

Church affiliation if any:

Key leaders at this mission organization:

Name (role): Phone/E-mail:

Please briefly describe the kind of work this organization generally does. (½ page max.)

Date of initiation of the specific mission project, if relevant:

Project location(s), project management location(s):

Please describe the participation of CBCCOC congregation members, if any, in the project:

Please briefly describe the project goals and specific objectives:

Please describe the intended outcome(s) of the mission project: (a semi-yearly report and photos will be expected)

Please describe briefly the procedures for achieving the objectives:

What is the estimated yearly expense (budget) for the project:

Contact information for project leader at this mission organization:

Name (role):

Phone: E-mail:

Please attach a copy of your organization’s most recent annual report to this application.

Signature of applicant (role):

Application date: