

9. Anticipated costs (Please describe): \$ _____

10. Please indicate the sources and amounts of other funding you hope to receive.

11. Amount you are requesting from the Congregational Mission and Partnership Workgroup.

\$ _____

The Session reviewed this application at its _____ meeting and hereby approves it.
Date

Signed _____ Date _____
(Moderator/Clerk of Session)

Printed Name: _____

Send completed application to: The Presbytery of Plains and Peaks
Congregational Mission & Partnership Workgroup
7257 W. 4th St. - Unit 4
Greeley, Colorado 80634

Questions?

- Contact Jim Kidd – CMPW Moderator at 970-689-3093 or bookhardy@yahoo.com