



ARKANSAS-OKLAHOMA SYNOD  
Boldly Sharing God's Grace with Everyone!

# AR-OK SYNOD COVID-19 RELIEF GRANT APPLICATION

Name of congregation requesting assistance:	
Address:	
City:	State & Zip:
Key Contact Name:	
Key contact's phone:	Key contact's email:

Which mechanism are you applying to?

Emergency Grant (up to \$1,000)

Stretch-Your-Offering Matching Grant (up to \$3,000)

Amount requested: \_\_\_\_\_

Please describe the financial need and what funds will be used for:

What efforts has your congregation done to mitigate the financial effects of COVID-19? What have you done to invite greater financial stewardship? What costs have you cut? What efforts have you already made to meet any financial shortfall?

To the best of your ability, please describe your plans for stabilizing your financial situation?

What has your congregation been doing to cultivate community during quarantine? Please tell us about any emails, phone calls, online meetings, web-based worship, educational, or social activities you or others in your congregation have organized.

## FINANCIAL INFORMATION

*For the next two questions, "weekly collection" refers to the average amount collected. Quarantine is defined as when your church cancelled in-person meetings and worship.*

What is was your congregation's average weekly collection before quarantine? \_\_\_\_\_

What has been your congregation's average weekly collection since quarantine? \_\_\_\_\_

Does your congregation have a savings or reserve fund?                      Yes                      No

If yes, what is the current balance? \_\_\_\_\_

**Please attach your congregations most recently approved budget and financial statements (including a list of all restricted and unrestricted funds).**

## PLEASE PROVIDE SIGNATURES AS FOLLOWS

Congregation Council President: \_\_\_\_\_

Congregation Pastor (If there is a called or interim pastor): \_\_\_\_\_

Grant Approved:	Yes	No	Signature of the Bishop:
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