



OHIO BAPTIST GENERAL CONVENTION AND AUXILIARIES, INC

**CONGREGATIONAL EMERGENCY RELIEF FUND (CERF)
GRANT APPLICATION**

Please completely fill out application:

Church name: _____

Address: _____

Pastor's Name: _____ Phone: _____

Primary church contact person (if different from above) for the purpose of this application:

Name: _____

Email: _____ Phone: _____

District Affiliation (select one)

Eastern Northern Northwestern Providence Western

Need and financial information: *How will the grant be used*

Describe the financial need(s) that are related to this request in detail. Helpful information might include one or more of the following:

- What are the financial needs that the requested grant would address?
- How were the needs caused by COVID-19?
- What are the needs of the pastors?
- How would the requested grant be used to meet the identified needs?
- What are the unmet congregational obligations?

Estimated financial need: \$ _____ Amount requested (Maximum grant request \$500.00): \$ _____

Applicant Signature: _____ **Date:** _____

PLEASE SUBMIT THE COMPLETED APPLICATION BY EMAIL OR MAIL

Email:

charles.newman0408@gmail.com

Mail:

Ohio Baptist General Convention: CERF – 1444 Darst Avenue – Dayton, OH 45403