

# DINNER CHURCH MATCHING GRANT APPLICATION

## Parent Church Information (if applicable)

- Church Name: \_\_\_\_\_
- Church Address: \_\_\_\_\_
- City, State, ZIP: \_\_\_\_\_
- Lead Pastor Name: \_\_\_\_\_
- Email: \_\_\_\_\_
- Cell Phone Number: \_\_\_\_\_

## Dinner Church Details

- Dinner Church Name: \_\_\_\_\_
- Dinner Church Location Address (if different from Parent Church):  
\_\_\_\_\_
- City, State, ZIP: \_\_\_\_\_

## Eligibility Requirements

### 1. Weekly Dinner Church

- Launch Date (First Public Gathering): \_\_\_\_\_
- Day of the week and time: \_\_\_\_\_
- Estimated Weekly Attendance: \_\_\_\_\_
- Will this church meet weekly (required for grant):  Yes  No
- Will this be a Dinner Church?  Yes  No

(Note: This funding is for Dinner Churches. We are not able to fund Church Dinners)

*If it's for your local congregation to come together for fellowship, it's a Church Dinner.*

*If it's planned with the unbeliever in mind and efforts have been made to include people outside your current congregation who may not be comfortable attending a church service, it's a Dinner Church.*

### 2. New Church Opening Form (or Parent Affiliated Church Form) Submission

- Has your New Church Opening Form (or PAC Form) been submitted (required)?  Yes  No
- Date Submitted: \_\_\_\_\_

### 3. Dinner Church Encounter Day Conference Attendance

- Did you or your team attend a Dinner Church Encounter Day Conference?

Yes  No

- Date of Attendance: \_\_\_\_\_

- Names of Team Members Who Attended: \_\_\_\_\_

\_\_\_\_\_

### Funding Request

- Amount Requested (up to \$6,000 in matching funds): \$ \_\_\_\_\_
- Briefly describe how these funds will be used to support your Dinner Church:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Disbursement Schedule

Funds will be disbursed at 6-month intervals based on receipts and a required missional report:

1. **\$2,000 at start-up** upon approval of this application with required New Church Opening form and training.
2. **At the end of 6 months:**
  - Receipts for the initial \$2,000 must be submitted.
  - An additional **matching** disbursement of up to \$2,000 will be provided based on submitted receipts.
3. **At the end of 12 months:**
  - An additional **matching** disbursement of up to \$2,000 will be provided based on submitted receipts.
4. A **missional report is required** with each 6-month funding request.

Application should be e-mailed to: Sue Garman at [sgarman@penndel.org](mailto:sgarman@penndel.org) 717.795.5921

### Agreement & Signature

*I confirm that all information provided is accurate. I understand that this grant is a matching fund and will be disbursed according to the outlined schedule upon meeting the stated criteria.*

Lead Pastor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Board Secretary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Board Treasurer Signature: \_\_\_\_\_ Date: \_\_\_\_\_