**INITIAL APPLICATON FOR CVBA LOAN OR GRANT**

Name of Church\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Application\_\_\_\_\_\_\_\_\_

Mailing Address of Church\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street Number or Post Office Box, City, State, Zip)

Category of Application (circle one below):

PASTOR DEVELOPMENT GRANT MISSIONAL OUTREACH GRANT CHURCH PLANTING GRANT

CHURCH LOAN OTHER

Proposed Utilization (If necessary, attach additional pages including but not limited to brochures, photographs, maps, drawings, digital material, and/or other material to fully explain the proposed utilization of funds of the grant or loan):

Explain how your church has been a participating CVBA church during the preceding 24 months in terms contribution of time, talents, and financial resources to CVBA sponsored and/or CVBA initiated activities. You may attach an additional sheet if necessary:

**SKIP THE FOLLOWING SECTION IF APPLYING FOR A PASTOR DEVELOPMENT GRANT**

Name of Church Treasurer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of Service\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_

Address of Church Treasurer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street Number or Post Office Box, City, State, Zip)

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Finance Chair\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of Service\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_

Address of Finance Chair\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street Number or Post Office Box, City, State, Zip)

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your church a 501(c)(3) corporation? (circle one of four) YES APPLICATION PENDING

UNDER 501(c)(3) UMBRELLA OF CALIFONRIA SOUTHERN BAPTIST CONVENTION NO

What is your church’s Employer Identification Number? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(THIS SECTION CONTINUES ON REVERSE SIDE)**

**(THIS SECTION CONTINUED FROM FRONT SIDE)**

Is your church a non-profit corporation authorized by the Secretary of State to conduct business in California? (circle one) YES NO APPLICATION PENDING

If the answer is “YES”, what is your church’s 7-digit Secretary of State File Number? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach a copy of the following: (1) Your articles of incorporation as amended; (2) Your current church constitution and bylaws; (3) a copy of your current year church budget; and (4) copies of church financial statements for the past three years

If your church has trustees (or board of directors), please attach a separate sheet with the names, addresses, phone numbers, and email addresses for each trustee.

If your church has trustees, have they reviewed this application? YES NO

If your church has trustees, has a majority of your trustees approved this application? YES NO

If your church does not have trustees (or a board of directors), please explain why not on a separate sheet.

Number of active members in your congregation: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

2016 2017 2018 2019 2020

**FINAL SECTION--ALL APPLICANTS**

Senior Pastor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of Service \_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person #1 submitting application\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street Number or Post Office Box, City, State, Zip)

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position in church \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person #2 submitting application **(not required for Pastor Development Grant)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street Number or Post Office Box, City, State, Zip)

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position in church \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of alternate contact person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_

We certify that the information contained in this application is true and correct to the best of our knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(SIGNATURE #1) (SIGNATURE #2) (DATE)