

**Countryside Community Church**  
**Board of Christian Outreach**  
**Small Service Group (SSG) Information/Request**

The mission of the Board of Christian Outreach shall be to carry forward the Christian concern and ministries of this Church in the name of Christ toward meeting human need in every part of the world.



Date of application: \_\_\_\_\_

Name of Group/Event: \_\_\_\_\_ Event Dates: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Information: phone \_\_\_\_\_ email \_\_\_\_\_

Countryside Member directly involved in project/event \_\_\_\_\_

**Guidelines/Requirements**

1. Information/Request form completed and signed
  - a. Submitted and signed by Countryside Community Church (CCC) member
  - b. CCC member is a participant in the group
2. Group must be volunteer
3. Preference given to requests that reach population(s) in need
4. Project/event must have strong local component
5. Awarded funds restricted to materials and supplies
6. SSG unable to fund stipends, salaries, fees for service or operating expenses
7. Participation in Box or List may be granted as alternate solution to funding

Describe your project/event. Provide specifics.

How does your SSG reflect the mission statement of BOCO? (see above)

**(OVER)**

How does your SSG provide opportunities for service?

How does your SSG reach a disadvantaged/vulnerable population or fulfill a need in the community?

Amount of request: \$ \_\_\_\_\_

Provide details on how grant money will be used.

_____	_____	_____
<b>Applicant Signature</b>	<b>Applicant Printed Name</b>	<b>Date</b>
_____	_____	_____
<b>Countryside Member Signature</b>	<b>Countryside Member Printed Name</b>	<b>Date</b>

**Please return completed form to volunteer desk**

	<u>Approve</u>	<u>Decline</u>	<u>Date</u>
SSG	_____	_____	_____
BOCO	_____	_____	_____