

Nehemiah Ministry

Tenth Episcopal District
African Methodist Episcopal Church
Bishop Adam J. Richardson, Presiding Prelate

REQUEST FOR SUPPORT

Date of Application:

Name of Church:		Annual			
		Conference:			
Church Address:		Presiding Elder:			
		Pastor:			
Telephone:	Fax:		Email Address:		
Amount of Request:					
Purpose of Funds: (Describe in detail the project for which the funds will be used. Attach a separate sheet if necessary, providing information on the improvement company/contractor selected and their estimate or project bid.)					
Signatures:					
Pastor		Pro-Tem, Board of Trust	rees		
Committee/Office Only					
Date received: Priority Position Given:					

Request Granted: Request Under Consideration: Request Denied:
Signature of Bishop or Approving Officer:

Nehemiah Ministry

Tenth Episcopal District
African Methodist Episcopal Church
Bishop Adam J. Richardson, Presiding Prelate



REQUEST FOR SUPPORT

Name of Church:		Annual Conferen ce			
Church Address:		Presiding Elder:			
		Pastor:			
Telephone:	Fax:		Email Address:		
Amount of Request:					
Purpose of Funds: (Describe in detail the project for which the funds will be used. Attach a separate sheet if necessary, providing information on the improvement company/contractor selected and their estimate or project bid.)					

Signatures:		
Pastor	Pro-Tem, Board of Trustees	