



Greetings!

The fact that you are reading this letter means that you have taken the first step in a God-given journey with the Church Multiplication Network (CMN). The Matching Fund is intended to provide an infusion of money during the pre-launch phase of a church plant.

As you work through the application, please remember to fully complete each section. Incomplete applications will delay the process and could potentially cause your application to be denied. We strongly recommend that you submit your application a minimum of eight weeks prior to the public launch date of your church plant. This will ensure that CMN has ample time to process your application.

We are committed to making this process a positive experience for you. Please contact the CMN team with any questions.

In Christ,
Steven M. Pike

MATCHING FUND APPLICATION CHECK LIST

Please check the boxes below as each required application item is completed.

- Assessment Report
- Ministry Plan
- Photograph of Planter
- Short Ministry Biography of Planter
- Church Planting Coach Confirmed
- New Churches Opened Form
- Planter Agreement Signed
- Primary Partner Agreement Signed
- All Application Blanks Filled Out

To the best of my knowledge, this Matching Fund application is complete.

Signature of Lead Planter

Date

AG Church Multiplication Network Matching Fund Application

Complete all requested information. Application cannot be considered/approved until all information has been received.

PLANTER INFORMATION

New Church Name

Planter: Full Legal Name

Planter: Preferred Name

Mailing Street Address / P.O. Box

City

State

Zip

Daytime phone

Evening phone

Cell phone

Email address

Website address

District where your credentials are currently held

If applicable, Ethnic Fellowship affiliation

Credential level: Certified Licensed Ordained

General Council Minister Identification Number

Potential Church Plant (City, State, Zip)

PRIMARY PARTNER INFORMATION

Primary Partner: _____
Name of individual/organization

Mailing Street Address / P.O. Box

City

State

Zip

Contact person

Cell phone

Email address

Amount of funds, if any, PRIMARY PARTNER is providing: _____

SECONDARY PARTNER 1 INFORMATION

Partner:

Name of individual/church/organization

Mailing Street Address / P.O. Box

City

State

Zip

Contact person

Cell phone

Email address

Website address

Amount of funds, if any, SECONDARY PARTNER is providing: _____

SECONDARY PARTNER 2 INFORMATION

Partner:

Name of individual/church/organization

Mailing Street Address / P.O. Box

City

State

Zip

Contact person

Cell phone

Email address

Website address

Amount of funds, if any, SECONDARY PARTNER is providing: _____

SECONDARY PARTNER 3 INFORMATION

Partner:

Name of individual/church/organization

Mailing Street Address / P.O. Box

City

State

Zip

Contact person

Cell phone

Email address

Website address

Amount of funds, if any, SECONDARY PARTNER is providing: _____

QUALIFICATION INFORMATION (NOTE: All fields in this section are required.)

1. Year planter received current credentials? _____
2. Date of Assessment: _____ *(Please attach assessment report)*
3. Date BootCamp completed: _____
4. Name of Coach: _____
5. Coach email address: _____
6. Date Ministry Plan completed: _____ *(Please attach a copy of Ministry Plan)*
7. Date New Churches Opened form sent to General Council: _____
8. Expected date of public launch: _____
9. Funds raised by planter:

Personal Network (Friends and Family):	\$ _____
Donor Network (Churches, District or Others):	\$ _____
Primary and/or Secondary Partner(s):	\$ _____
Total:	\$ _____
10. Amount of matching funds requested: \$ _____

PLANTER AGREEMENT

I, _____, understand that the Church Multiplication Network (CMN) exists to assist church planters and those who partner with them to plant more churches both faster and stronger. I also understand that the Matching Funds will be distributed to my PRIMARY PARTNER, who will in turn distribute them to me in a timely manner to be used for start up expenses related to the public launch of the new church. By receiving these funds, I am committing this new church to invest in church multiplication by (1) Giving to AG missions one tenth (10%) of all undesignated income received by the new church, (2) Designating fifty percent (50%) of our missions giving to replenish the CMN Matching Fund pool until our Matching Fund amount is replaced in the fund, and (3) When the Matching Fund amount is replaced, I will continue to give, in perpetuity, a minimum of one percent (1%) of the total General Fund income into the CMN Matching Fund pool until a church planted from my church plants a new church. At that point, I will be released from an obligation to invest one percent (1%) of our income to the CMN Matching Fund pool. I further agree to faithfully complete a monthly progress survey that I will receive via e-mail.

Signature of Lead Planter _____ Date: _____

PARTNER AGREEMENT

I/We, the undersigned, commit to stand with this planter and church planting project in prayer and support. I/We will provide stewardship of the Matching Funds in partnership with this planter. I/We understand that the Church Multiplication Network (CMN) will distribute the awarded funds to the primary partner. As the Primary Partner, I/We will ensure the funds are disbursed in a manner that maximizes the momentum of the public launch of the new church. I/We agree that if for any reason the church plant is unable to replenish the funds received from CMN, I/We will ensure that the funds will be replaced at a pace equal to or exceeding the average monthly amount being replaced at the time the church plant ceases to make replenishment payments. I/We understand, in the event there are multiple partners, one individual/organization must be designated as the Primary Partner. The Primary Partner would become responsible for managing the relationship among all other partners (a.k.a. Secondary Partner(s)). Ultimately, the Primary Partner is responsible for ensuring the Matching Funds are replenished in the event the church plant is unable to do so. I/We have read and understand the qualifications; I/We have read and approve of the Ministry Plan provided by the church planter; and I/We verify that the planter has met the standards of qualification for receiving the Matching Funds.

Partner Representative Name	Name of Organization	Date
_____	_____	_____
Primary Partner Signature		
_____	_____	_____
Secondary Partner Signature		
_____	_____	_____
Secondary Partner Signature		
_____	_____	_____
Secondary Partner Signature		
_____	_____	_____
Secondary Partner Signature		

Once completed, send a signed copy to the Church Multiplication Network. Please keep a copy for your records.

Mail to:

Assemblies of God Church Multiplication Network
 1445 North Boonville Avenue
 Springfield, MO 65802

For any questions regarding the Matching Fund application, please contact the Church Multiplication Network office at 1.800.447.0427.

Ministry Plan Guidelines

Please address the following questions and topics in your Ministry Plan:

1. Describe the community you are planting a church in and how this plant will impact the community.
2. Provide your demographic studies and explain how they have informed your process and action steps.
3. Please give your team building strategy (e.g. launch team, first-year team, initial hires, etc.).
4. How will people discover your church?
5. Describe your expected discipleship pathway with special focus on the intentional steps you will take to lead people to a confession of faith and Spirit baptism.
6. Give a detailed look at your financial plans and expectations.
 - Where are your funds coming from?
 - What is your strategy for raising funds (e.g. letters, events, starting a business, etc.)?
 - How will your funds be allocated/spent?
 - Provide a sample of any fundraising literature you might be using to build your financial support team.
 - How do you plan to introduce stewardship?