



(To complete: place the cursor over the line or in text box, click, and enter text. Save your document and submit by mail or email attachment.)

Date: _____

Congregation/Synod Ministry Name: _____

Address: _____

City/Town/Zip: _____

Phone: _____

Contact Person: _____ Email: _____

LOAN DETAILS:

Reason for the Request/Brief Description of Project/Need (Scope of the work/project). Please attach additional sheets if needed.

How will the receipt of this funding support the Mission of your ministry?

Amount Requested: _____

Current Congregation Funding Available (if applicable): _____

Requested Loan Repayment Term (number of years): _____

Describe how you plan to repay the loan including the funding source(s) for loan payments:

CONGREGATION DETAILS:

Total Active Membership: _____

% of Active Membership that Pledge: _____

Total Yearly Income from Pledges (most recent full year): _____

Cash Assets of the Congregation (as of application date): _____

Amount of Other Outstanding Debt of the Congregation (as of application date): _____

Please attach the P&L of the congregation from the most recently completed fiscal year as well as a year-to-date P&L for the current fiscal year.

CONGREGATION SIGNATURES:

COUNCIL PRESIDENT

DATE

PASTOR

DATE

LOAN APPROVALS:

Fiscal Management Approval Date: _____

Congregation Council and/or Full Congregational Review and Approval Date(s) (as required by Constitution and By-Laws based on loan amount): _____

LOAN MODIFICATION:

Additional Amount Requested: _____

New Loan Repayment Term Adjustment (if applicable): _____

Briefly describe the reason for the change request:

Please attach any appropriate documentation that supports the need and the amount requested including work estimates and/or program description and costs, etc.

Please complete and return to:

New Jersey Synod Fiscal Management Committee, 1930 State Highway 33, Hamilton Square, NJ 08690