



## Application for COVID-19 Church Relief Fund

District: \_\_\_\_\_ Date: \_\_\_\_\_

Church: \_\_\_\_\_

Pastor: \_\_\_\_\_

Has your church applied for the Cares Act Payroll Protection Program (PPP)? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, amount applied for \$ \_\_\_\_\_ Amount received \$ \_\_\_\_\_

Please list the specific financial concerns your church has encountered for which you are applying for funds from the COVID-19 Church Relief Fund:

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How would grant funds be used and what would be the expected outcome?

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\$ \_\_\_\_\_ Amount of Grant Requested

\_\_\_\_\_  
(Pastor or Trustee signature)

\_\_\_\_\_  
(Date)

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\_\_\_\_\_  
Approved for Funding

\$ \_\_\_\_\_ Amount of Grant

\_\_\_\_\_  
(District Minister)

\_\_\_\_\_  
(Date)

Submitted to: \_\_\_\_\_  
MB Foundation  
200 EAST D ST, P.O. BOX 220  
HILLSBORO, KS 67063