



PROJECT REQUEST FORM

PROJECT REQUEST APPLICATION FORM—Kids Helping Kids or Critical Needs

APPLICANT: _____ **ACCOUNT #:** _____
(Missionary, Field, or Ministry receiving funds) (Valid AGWM or AGUSM account)

COUNTRY AND AGWM REGION OR AGUSM DEPARTMENT: _____

TYPE OF MINISTRY: _____

HOME DISTRICT: _____ **SUPPORTING DISTRICTS:** _____

AMOUNT REQUESTED: _____ **WHEN NEEDED BY:** _____

DETAILED DESCRIPTION OF NEED AND ANTICIPATED USE OF BGMC FUNDS:

DETAILED DESCRIPTION OF PAST USE OF BGMC FUNDS:

APPLICANT SIGNATURE: _____ **APPLICANT E-MAIL:** _____

PROCESS

Please e-mail this form to your AGWM Area Director or AGUSM National Director for approval. If he/she signs off on it, then the app will be forwarded to your Regional or Administrator's office. If your Regional Director or Administrator signs off on it, then the app will be forwarded to the BGMC Office for presentation to the BGMC Special Projects Committee for review. That office e-mails the requester when a decision has been made. If your request is approved, the BGMC Office will send a project notification to your home District Children's Director. Receiving an approval does not guarantee any funds will be received. However, it gives the missionary/ministry the ability to connect with churches and ministry partners about the need.

PROJECT REQUEST APPROVALS

AGWM Area or AGUSM National Director / Date

Regional Director or AGUSM Administrator / Date

BGMC Approval: _____ **BGMC Approval Amount:** _____ **Date:** _____

BGMC #: _____ **NOTES:** _____ **REQUEST INITIATED BY:** _____

Revised 11/1/2022