



Compassion Ministry Project Request for GOTM Funds

GOTM Funds Application Agreement

Golden Offering funds are given by Tennessee Baptists and others for the furtherance of the gospel in Tennessee. Tennessee Baptists have joined together around Five Objectives:

1. Seeing at least 50,000 Tennesseans annually saved, baptized and set on the road to discipleship by 2024.
2. Having at least 500 Tennessee Baptist Churches revitalized by 2024.
3. Planting and strategically engaging at least 1,000 new churches by 2024.
4. Realizing an increase in annual local church giving through the Cooperative Program that reaches at least 10 percent by 2024.
5. Realizing an increase in annual giving for the Golden Offering for Tennessee Missions that reaches at least \$3 million by 2024.

In requesting these designated funds, it is expected that these funds will be used to assist in at least one of the Five Objectives. In order to receive these funds, recipients are asked to do the following:

1. Share the gospel through your ministry.
2. Support the Golden Offering through giving and promotion. You are asked to inform your congregation regarding the receipt of GOTM funds and promote the offering in your church. You may be asked to display a GOTM plaque in the future.
3. After you receive funding from this current request you are submitting please submit a report how funds were used and the results of that funded activity.

Compassion Ministry funds are to be used in helping ministries and churches to minister to those in need. If you agree with the stated conditions, you are encouraged to apply for GOTM funds. Please sign this agreement and return it with your application.

Name: _____ Date: _____

Church: _____ Church City: _____

Please Return This Agreement With Application One of Three Ways to:

Email to Carrie Kidd at ckidd@tnbaptist.org

Fax to Carrie at (615) 371-2025 OR

Carrie Kidd, TBMB, P.O. Box 682789, Franklin, TN 37068

Any Questions contact Carrie Kidd at 1-800-558-2090 ext. 2025





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Date of Request: _____

Name of Ministry: _____

Describe how project meets physical and/or spiritual needs as a ministry of the church/association:

Sponsoring Church/Association: _____

Contact Person: _____

Ministry Mailing Address: _____
(where funding would be mailed to)

Phone: _____

E-mail: _____

Amount Requested: \$ _____

How will this funding be used: (Please be specific.)

Other funding sources for this ministry: _____

Submitted by: _____

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GOTM Funds Report

Name of Church/Ministry: _____

Describe how funds were used.

What were the results of the funded activity?

Please relate any stories from funded activity (salvations, ministry, etc.) that might be of interest to Tennessee Baptists.

Name: _____ Date: _____

Telephone Number: _____ Email: _____

Following Funding Activity Please Return Report Form One of Three Ways to:

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