

FLGA District Short Term Mission Trip Grant

Name of Church, School or Ministry:

Name of Contact Person:

Phone Number:

Purpose of Trip:

Date of Trip:

How many people are going?

What is the total budget for this mission trip? \$

How much money will your church raise? \$

How much will be raised from other sources? \$

Requested amount: (\$1,000 maximum) \$

A Mission Trip Report will be due 30 days after completion of event. Please highlight the following:

- Paragraph(s) telling your mission story, pictures welcome
- Describe how the mission goals were met
- God stories of how lives were touched

Return form to chammerstrom@flgadistrict.org.
