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## Kingdom Seeds – Miracle Grow Application Form

Congregation: \_\_\_\_\_

Street Address: \_\_\_\_\_

City & State: \_\_\_\_\_

Person Applying (Contact Person): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Give a Brief Description of Your **Miracle Grow** Outreach Project:

Estimated Start Date for the Project: \_\_\_\_\_

Estimated Total Budget for the Project: \_\_\_\_\_

List members of your planning/action team:

***We agree to submit a story and pictures or video of our Outreach Project within three weeks of the completion of the project.***

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Applicant's Name: \_\_\_\_\_

Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Pastor's Name: \_\_\_\_\_

Please complete and sign the application and send it to Debbie Arrington at [darrington@flgadistrict.org](mailto:darrington@flgadistrict.org)