



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. *pictures/video will be used for promotion of the FLGA Miracle Grow Program

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