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**Name**

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**Email**

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**Amount Requested**

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**Other Support Requested**

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**Summary  
of Effort**

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**Questions**

1. Who does this effort reach and in what geographic area?
  
  
  
  
  
  
  
  
  
  
2. Why do you feel like this effort is needed? How did you reach that conclusion?
  
  
  
  
  
  
  
  
  
  
3. How many others, if any, in the proposed area of the effort are doing the same or similar thing? If there are others, do you have plans to partner with them?
  
  
  
  
  
  
  
  
  
  
4. How does this effort seek to proclaim the gospel and make disciples?

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## Questions

5. How does this effort seek to meet the spiritual, emotional, and physical needs of people?
6. What are the short-term and long-term goals of your efforts? List a few.
7. Who will lead this effort? Please provide two references.
8. What opportunities are available for involvement by CLC members?
9. What requirements or restrictions are required of CLC volunteers?  
Check all that apply.
- High level of volunteer training
  - Restriction on communication with clients
  - Professional licensing needed
  - Highly relational volunteer opportunities
10. What type of volunteer are you looking for? Check all that apply.
- |                                  |  |
|----------------------------------|--|
| <input type="checkbox"/> Women   | <input type="checkbox"/> Youth               |
| <input type="checkbox"/> Men     | <input type="checkbox"/> Seniors             |
| <input type="checkbox"/> Singles | <input type="checkbox"/> Mom's with Children |
11. Is this effort affiliated with a local church/organization/ministry? If yes, please attach their Vision/Mission Statement. If no, please attach your Vision/Mission Statement.
- Yes
  - No