

Covenant Life Church – Global Missions Committee
PARTNERSHIP REQUEST FORM

Requester Name: _____ Date: _____

Email: _____ Phone Number: _____

Organization Name (if applicable): _____

Contact at Covenant Life Church (if any): _____

Briefly Describe Why You Are Requesting Partnership With Covenant Life Church:

Please Answer The Following Questions:

1. Whom does this effort reach? Please discuss nations, people groups, etc.

2. Is this project / partnership affiliated with a local church or denomination? Please explain.

3. What are the doctrinal convictions of the partner / project? Please attach Statement of Faith.

4. What gospel ministry is being accomplished? What types of teaching, outreach, and discipleship exist?

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5. Does this project / partnership involve holistic ministry (e.g. health care, education, social justice, micro-enterprise)? Please describe.

6. How would you assess the credibility and competence of this project / partnership? Please factor in leadership, financial accountability, communication, and longevity of the program.

7. What opportunities are available for involvement by Covenant Life Church members?

8. Is this project / partnership poised for future expansion? Please describe strategies and opportunities for growth and multiplication.

Types of Support Requested (check all that apply)

- Financial Amount: _____
- Prayer
- Other _____

Please Send Completed Form To:

- Mailing address: Covenant Life Church, 7501 Muncaster Mill Road, Gaithersburg, MD 20877 Attn: Outreach Department
- Email address: bkraatz@covlife.org
- Note: You will receive a notification via email when your request has been received. Please allow 3-4 months for the Global Missions Committee to review and respond.