



**COVID-19 Crisis Relief Grant\***  
Application Form

Expiration Date: 06/30/2020

<b>Church Legal Name</b>	<b>Contact Person's Name</b>	
<b>Church Primary Address</b>	<b>Cell Phone</b>	<b>Home Phone</b>
	<b>Church Cons ID</b>	<b>Email Address</b>

2019 Average Monthly Revenue	\$	2019 Average Monthly Expenditures	\$	Number of Employees	
Purpose of the grant (select one or more):					
<input type="checkbox"/> Payroll <input type="checkbox"/> Rent / Mortgage Interest <input type="checkbox"/> Utilities <input type="checkbox"/> Other (explain): _____					

**Church Leader** | List a maximum of 2 leaders:

Name	Title	Phone (Home #)	Phone (Cell #)	Email Address

Questions	Yes	No
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1. Has the church demonstrated a financial partnership with COGO Ministries (Church of God Ohio) in church contributions the last 2 Years?
2. Does the church have a 2020 revised budget in response to the church's financial downturn?
3. Is the church conditionally deeded to COGO Ministries?
4. Has the church successfully received funds from the SBA or any other charitable organizations this year?
5. If the church receives funding from SBA or any other charitable organization would the church be willing to return the grant from COGO Ministries?
6. Since March the 15th, has the church weekly offerings decreased?    
If so, by what percent? \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Representative of Church

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Pastor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\*All grants must be approved by the Board of Directors.

Return application to: COGO Ministries | email: [movingtogether@cogo.church](mailto:movingtogether@cogo.church) or FAX to: 740.870.2590