The North American Division Adventist Community Services (NAD ACS) is allocating $1.5 million for local conference ACS food relief programs responding to COVID-19 needs. Awarded funds will cover food purchases and additional expenses related to safety of food distribution and handling (latex gloves, hand sanitizer, wipes, take-out bags, masks, etc.).

Complete this application to be included in the Carolina Conference Community Service application for these funds. We has been approved for the maximum of $25,000 which will be distributed throughout the conference. Priority will be given to ACS ministries that submit reports to the conference ACS department.

We would like to know how your ministry will use the funds toward this crisis. Your ministry will be required to submit a simple report including a photo(s) and receipts within 60 days after receiving funds.

**Application deadline: April 8, 2020**

**Send completed application to:**

If you have questions and/or need help filling out this application, please contact David Graham at (704) 962 6386, email: dgraham@carolinasda.org.

**Contact Information**

|  |  |
| --- | --- |
| **Church:** |  |
| **Church Address:** |  |
| **City/State/Zip:**  |  |
| **ACS Contact Person & Title:** |  |
| **Phone Number:** |  |
| **Email:** |  |

**Ministry Description**

|  |  |
| --- | --- |
| **ACS Center/Ministry Name:** |  |
| **How Many Volunteers?** |  |

|  |  |
| --- | --- |
| **Describe how your ministry serves** **your community.** |  |

|  |  |
| --- | --- |
| **How many family** **units do you serve** **in the community monthly?** |  |

**Describe how your Ministry has changed due to COVID-19.** **Include a current photo of your ministry in action.**

|  |
| --- |
|  |

**Ministry Funding**

**What items are you spending additional funds on? How much more do you anticipate spending on food and supplies related to COVID-19?**

|  |  |
| --- | --- |
| **Items and how many?** | **How much?** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |

|  |  |
| --- | --- |
| **Total Expenses** (Receipts will be required with the report) | **$** |

**Additional Information**

Please read and check the box:

|  |  |
| --- | --- |
|  | I certify that the information submitted in this application is true and correct to the best of my knowledge. I further understand that any false statements may result in denial or revocation of this request. |

|  |  |
| --- | --- |
| ACS Director/Leader | Date: |

|  |  |
| --- | --- |
|  Pastor | Date: |