

Illinois District Council of the Assemblies of God
Multiply Chicago Church Plant Application of Intent

Fill in the form electronically (TAB from field to field) and print it or print a hardcopy to be to be completed

Question 1-24 pertain to the Church Planter and Church Plant Process

Please give all information that you can provide. Reply "In Progress" if no answer if available yet.

1. Name of Church Planter _____
2. Church Planter Account # _____
3. Church Planter Home Address _____
4. Church Planter Mailing Address _____
5. Church Planter Phone # _____
6. Church Planter Email _____
7. Church Planter Credential _____ ordained _____ licensed _____ certified _____ no credential
8. District of Church Plant _____
9. Section of Church Plant _____
10. Name of Church Plant _____
11. City or Neighborhood of Church Plant _____
12. Church Plant Location Address _____
13. Church Plant Mailing Address _____
14. Church Plant Phone # _____
15. Church Plant Website _____
16. Church Plant Launch Date _____
17. Ethnicity: (Hispanic, Indian, Polish, Anglo etc.) – majority _____
18. Environs: check ONE box indicating the community in which the Church Plant is located.
If population is over 50,000 _____ CN – open country side
_____ UR -urban business community _____ VG – village (less than 1,000)
_____ IC - Inner city under resourced _____ TW – town (1,000-4,999)
_____ SU – suburban outside major city limit _____ SC – small city (5,000-9,999)
_____ MC – medium city (10,000-49,999)
19. Have met with your Section Presbyter regarding the plant? _____ yes _____ no
20. Have you met with your Executive Presbyter regarding the plant? _____ yes _____ no
21. Are you up to date with your ministerial tithe? _____ yes _____ no

22. Have you met with the closest proximity of A/G pastors for their blessing? ____ yes ____ no
23. Have you met with the closest proximity of non A/G pastors for their blessing? ____ yes ____ no
24. Have you met with the mayor or alderman of the city or neighborhood for their blessing?
 ____ yes ____ no

Questions 25-36 pertain to the Parent Church Process

25. District of Parent Church _____
26. Section of Parent Church _____
27. Parent Church Account # _____
28. Name of Parent Church _____
29. Parent Church Location Address _____
30. Parent Church Mailing Address _____
31. Parent Church Phone # _____
32. Parent Church Email _____
34. Parent Church Lead Pastor _____
35. Parent Church Lead Pastor Account Number _____
36. Parent Church Agreement of CMN Matching Funds ____ No ____ Yes Amount \$ _____

I agree to fully cooperate with the Illinois District in the process of planting and leading the church the Lord has called me to plant. I choose to participate in the ministry of our District.

Signature of Church Planter _____

Signature of Parent Church Pastor _____

Illinois District Council request:

37. CMN Church Planter's Assessment ____ yes ____ no (cost provided by IDCAG)
38. CMN Launch Event ____ yes ____ no (registration cost provided by IDCAG)
39. DNA of a Leader Event ____ yes ____ no (registration cost provided by IDCAG)
40. CAPITALIZE Fundraising Event ____ yes ____ no (registration cost provided by IDCAG)
41. Two Year District Accounting Service ____ yes ____ no (cost provided by IDCAG)
42. Personal Church Planting Coach ____ yes ____ no (provided by other IL veteran planters)

The above cost provisions will be resourced to the Parent Church by IDCAG to distribute to the Church Planter.

