

Bishop's Committee on Persons Living in Poverty

Church: _____ Number: _____ Charge _____

District: _____ North Georgia Annual Conference, UMC

For the period beginning ____/____/____ and ending ____/____/____

Mission Chairperson: _____

Chair Phone: _____ Chair E-Mail: _____

Please convey the ministries and initiatives in which your local church participated with *people who are living in poverty and need* during the current year. Please include the names and numbers of local agencies that might be helpful for others. An on-line directory of resources is available through Data Services at <http://data.ngumc.org>. Reports entered/edited on-line through Data Services automatically update the on-line resource directory.

For Ministry Type please enter one of the following: Housing, Immigration, Transportation, Employment, Childcare, Healthcare, Public Assistance, or Other.

1. Ministry Type: _____

Agency Name: _____ City: _____

Contact Name: _____ Phone: _____

Comments about participation: _____

2. Ministry Type: _____

Agency Name: _____ City: _____

Contact Name: _____ Phone: _____

Comments about participation: _____

3. Ministry Type: _____

Agency Name: _____ City: _____

Contact Name: _____ Phone: _____

Comments about participation: _____

4. Ministry Type: _____

Agency Name: _____ City: _____

Contact Name: _____ Phone: _____

Comments about participation: _____

5. Ministry Type: _____

Agency Name: _____ City: _____

Contact Name: _____ Phone: _____

Comments about participation: _____

6. Ministry Type: _____

Agency Name: _____ City: _____

Contact Name: _____ Phone: _____

Comments about participation: _____

7. Ministry Type: _____

Agency Name: _____ City: _____

Contact Name: _____ Phone: _____

Comments about participation: _____

8. Ministry Type: _____

Agency Name: _____ City: _____

Contact Name: _____ Phone: _____

Comments about participation: _____
