



Short-term Project Agreement

NOTE TO APPLICANTS: *Artists in Christian Testimony Intl* is a mission and ministry sending agency especially for artistic Christians and creative ministry projects. We serve artistic Christians by providing ministerial direction, non-profit organizational structure, and spiritual & financial accountability for Christian ministry projects, ministers and missionaries.

The following information will be used to evaluate your request to come under A.C.T. for your short-term project:

Ministry Project Name _____

Dates of Project _____

Contact Information

Name _____

Last

First

Initial

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____ Website _____

Church you attend _____ How long? _____

Church Address _____

Pastor's Name _____

Pastor's Phone _____ Pastor's email _____

- C. We require that all of our projects and ministry departments to have a Ministry Accountability Team (MAT); two or three individuals/couples who will pray for you, support and assist you in any way they can, and can be called in case of emergency. Provide a list of MAT members who have agreed to serve in this capacity

Name	Email Address	Phone #
1.		
2.		
3.		

- D. What do you believe associating with A.C.T. would do for you and your Project?

- E. Please submit a **Projected Spending Plan** for your Missions Trip. Include anticipated revenue and expenses.

Agreement with A.C.T. Intl

I understand that A.C.T. is an expression of the Historic New Testament Christian Church and as such, I have read the following documents and indicate by initialing beside each item that I agree to abide by the Doctrines, Policies, and Procedures outlined in them.

These documents are available at www.ACTinternational.org

1. *ACT Mission & Vision* _____

Comments:

2. *Doctrinal Statement* _____

Comments:

3. *Ministry Standards* _____

Comments:

References (list three ministry and/or personal references with phone numbers):

A.

B.

C.

A Background Check will be done on all A.C.T. Intl team members - please provide the following information for this purpose:

Driver's License # _____ State _____

Birth Date _____

Ministry Project Set-Up Fee = \$100.00, payable when Project has been approved.

Signature _____ Date _____

Someone from the A.C.T. Home Office will contact you as soon as we have reviewed your materials.

**If you have any questions or need assistance with
any of these materials, please contact us.**