

**UNITED CHRISTIAN WOMEN'S MINISTRIES
FAMILY MINISTRY GRANT
RECOMMENDATION FROM PRESIDING BISHOP**

Please **print** the following information:

Presiding
Bishop _____

Home Phone _____ Office Phone _____

Address _____

City _____ State _____ Zip _____

E-Mail Address _____

In consideration of _____ request
(Name of Church)

for a National UCWM Family Ministry Grant, my recommendation is:

Strongly Recommend Recommend Recommend with Reservations Do Not Recommend

Please write additional comments below.

Signature _____ Date _____