

REQUEST FORM

*Church making request: _____
 Church address: _____
 CONTACT PERSON: _____ Ph (H): _____
 Email: _____ Ph (C) _____

GUIDELINES FOR REQUESTING FUNDS

1. Church requesting funds must be a participating Church. As a member of the association, churches practice healthy participation by having representatives attend the executive board and the annual meeting, contribute financially on a regular basis and complete their annual church profile each year. (NWIBA Constitution Article V, Section 5)
2. Church must be a financial partner before the request will be considered by the Association (Association contributing up to 33% not to exceed \$250.00.)

Training or Outreach Planned: _____
Time/Date/Location: _____

REQUESTED REVENUE SOURCES :

1.) Church: _____ \$ _____
 2.) SCBI: _____ \$ _____
 3.) Association: _____ \$ _____
 4.) Other: _____ \$ _____

FOR OFFICE USE ONLY:
 Date Check(s) sent: _____
 Check # _____

<i>REQUESTED REVENUE</i>	_____	\$ _____
<i>TOTAL COST (Training/Outreach)</i>	_____	\$ _____
AMOUNT REQUESTED FROM ASSOCIATION	_____	\$ _____

1. What is the purpose or goal of this request? _____

2. How will this request help you accomplish the mission of your church? _____

FOR MINISTRY TEAM USE ONLY

APPROVED?	YES	NO	Team Leader Signature _____	Date: _____
Amount Approved: \$ _____		How approval submitted (circle one): Fax: Phone: Email:		
Budget Line (circle one):		Developing Leaders	Revitalizing Churches	Starting Churches
FOR DOM USE ONLY:				
Signature _____			Date _____	
Dr. Warren Haynes, Director of Missions				
We will follow up with a phone call 1 week after your scheduled event.				
Date: _____		Follow-up Given by: _____		