

Christian County Baptist Association - Funding Request Form

Please complete and return to the CCBA office at least 45 days prior to the event. Options being by:

1.) Mail or Hand Deliver: 905 North Dr. Hopkinsville, KY 42240 2.) Fax #: 270.885.8770 3.) Email: christiancountyb@bellsouth.net (If emailing form, the sender is responsible for verifying CCBA receipt of request form.)

NAME OF CHURCH REQUESTING FUNDS: _____

CHECK THE BOX next to the appropriate CCBA Ministry Committee or Team

CCBA Evangelism

CCBA Missions Development

Activity or Event to be funded: _____

Date of Activity or Event: _____

Total Cost of Activity or Event: _____ (attach itemized budget for event/activity)

REVENUE SOURCES FOR EVENT/ACTIVITY

List Sources of Revenue (other than CCBA Funds)

AMOUNT

1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
Total Other Revenue:	\$ _____

Amount Requested from the CCBA Team: \$ _____

Anticipated Outcome of the Activity to be funded: _____

On a separate sheet of paper share: 1) How this activity or event came about? 2) How it helps you achieve the vision God has given you as a church? 3) What other activities need to be planned and/or executed after the event/activity is complete to ensure its success? Be as specific as possible.

Check to be payable to (Church's Name): _____

Address: _____

Contact Person: _____ Phone(s): _____

Email Address: _____

Sign that you are willing to send a follow up letter no later than 30 days following the event to the Committee/Team that funded your request. Your feedback to the Committee/Team is important as they resource other churches. Future funding considerations will be dependent on this information.

Signature: _____

(Person requesting activity/event funding)

Official Use Only:

Date Received: _____

Amount Approved: \$ _____

Date Approved: _____

Follow up Report Received: _____

Chairperson Signature: _____

Date: _____

DOM Signature: _____

Date: _____