

GRANT REQUEST FORM

CHURCH EVANGELISM, CHURCH MINISTRY, AND CHURCH PLANTING

GENERAL INFORMATION

Name of Event _____ Date of Event _____

Sponsor of Event _____

Make check payable to (church or association) and mail to _____

Total Estimated Cost (**Attach itemized budget**) \$ _____

Funding For the Event:

A. Local Church Participation \$ _____

B. Association Participation \$ _____

C. Other funds \$ _____

D. Amount of Grant requested \$ _____ from

Church Evangelism Church Ministry Leadership Church Ministry Program Church Planting
(Please circle one)

PLEASE ANSWER THE FOLLOWING QUESTIONS:

A) What is the purpose of the event or request?

B) What do you anticipate your church/association gaining from this event or request?

C) How will the grant be used?

Grant Requested by: _____ Telephone # _____
Signature

FOR THE ASSOCIATIONAL DIRECTOR OF EVANGELISM/MISSIONS:

This is included in my associational strategy:

Yes No, it is a new request. *(Please circle one)*

I recommend this request for a grant be approved.

Signature

ASBC OFFICE USE ONLY:

Date request received: _____

Request approved: Yes No Date: _____

ASBC Facilitator: _____ ASBC Account: _____
Signature