## TRI COUNTY BAPTIST ASSOCIATION FUNDING REQUEST FORM

Please complete and return to Tri County Baptist Association's office no later than the Wednesday immediately prior to the announced meeting date via: (1) Mail: P.O. Box 370, Nixa, MO 65714 or (2) Fax: 417-725-8835 (3) Email:meleta@tcsba.com or (4) by hand to our office at 239 E. Downing St. Nixa, Mo.

☐ Church Outreach Team ☐ Church Strengthening	g Team ☐ Church Leadership Vision Team
REQUESTING CHURCH INFORMATION:	
Church requesting funds:	
Church address:	
Contact Person/Person Requesting:	Phone(s):
F Mail Address	
Pastor's Signature (required):	
ACTIVITY/EVENT/RESOURCE IINFORMATION:	:
Activity/Event/Resource for which you are requesting	ng funds:
Date of the Activity/Event:	
ON A SEPARATE SHEET, please share (1) How this activity came a for your church. Be as specific as possible. (3) What other activities success?	about and (2) How it helps you achieve the vision God has given you es need to be planned on either side of this event to ensure its
FUNDING SOURCES FOR EVENT/ACTIVITY	
Amount requested from TCBA	\$
Other funding sources	
	\$
	\$
	\$
Total anticipated cost of activity/event/resource:	\$
	send a follow-up letter/email (with photos, if possible), appropriate team is extremely important to them as
OFFICE USE ONLY:	
Request approved by team? □yes □no Amount	t Approved: \$ Date approved:
Check if approved by fax/phone/email $\Box$ Team lea	nder's signature:
DOM Signature:  Phillip Shuford, Director of	Date:
Budget Acct: CO/CS/CIV Date Check(s) Sent:	Chack#