

**Associational Initiatives Team
2006 Funding Request Form**

Person Making Funding Request: _____

Your Position: _____

Purpose of the Funding Request: _____

Date of the Activity to be Funded: _____

Cost of Activity to be Funded: _____

Attach estimated budget:

List Sources of Revenue:

Amount:

1) State:

2) Association:

3) NAMB:

4) Other Partners:

Anticipated Outcome:

How does this activity help you resource your churches more effectively?

Check made payable to: _____

Address: _____

Contact Person: _____

Phone: _____

E-mail: _____

Date Approved: _____

Amount Approved: _____

Associational Initiatives Team Approval: _____