

**Lamine Baptist Association**  
**Funding Request Form**  
Request # \_\_\_\_\_

*Please complete and return to Lamine Baptist Association's office (1) Mail: 13560 North State Hwy 5, Sunrise Beach, MO 65079 or (2) Email: info@laminebaptist.org*

NAME OF CHURCH REQUESTING FUNDS: \_\_\_\_\_

If approved, check will be payable to requesting church

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone (s): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Activity/Event to be funded: \_\_\_\_\_

Date of the Activity/Event to be funded: \_\_\_\_\_

Total cost of Activity/Event to be funded: \_\_\_\_\_ *(Please attach itemized budget for Event/Activity)*

Amount Requested from LBA: \_\_\_\_\_

REVENUE SOURCES FOR EVENT/ACTIVITY

List **Sources of Revenue** (other than LBA):

**Amount:**

1) _____	\$ _____
2) _____	\$ _____
3) _____	\$ _____
4) _____	\$ _____

Total "other" Revenue: \$ \_\_\_\_\_

Anticipated Outcome of the Activity to be funded:

*ON A SEPARATE SHEET, please share (1) How this activity came about and (2) How it helps you achieve the vision God has given you for your church. Be as specific as possible. (3) What other activities need to be planned on either side of this event to ensure its success?*

*Please sign that you are willing to send a follow-up letter, c/o LBA, when your activity/event is completed. Your feedback is extremely important to us as we support the mission of our churches.*

Signature: \_\_\_\_\_

*Person requesting activity/event funding*

Outcome of LBA Review: **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ Team Leader Signature: \_\_\_\_\_

Total Points \_\_\_\_\_ Amount Approved: \_\_\_\_\_ Date approved: \_\_\_\_\_

President Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Budget Acct: \_\_\_\_\_ Date Check(s) Sent: \_\_\_\_\_ Check# \_\_\_\_\_