

# Resource Request Form

## For the Teams of the SCASB



**Purpose of this request form:** The Teams of the SCASB seek to be good stewards of the resources entrusted to the Association to effectively resource the needs and vision of the SCASB churches in carrying out the Great Commission in South Central Kansas.

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Receiving Church: \_\_\_\_\_ Address: \_\_\_\_\_

Name of Sponsoring Church (if applicable): \_\_\_\_\_ Check payable to: \_\_\_\_\_

Person making request: \_\_\_\_\_ Relationship to receiving congregation: \_\_\_\_\_

Type of church:  New (2 years or less)  Existing (more than 2 years)

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Check all that apply to the project:  Sharing (evangelism outreach)  Starting (church planting)  
 Strengthening (Church enrichment)  Sending (missions involvement/mobilization)

Name of project or event: \_\_\_\_\_ Total Cost of project \$ \_\_\_\_\_

Start date of project or event: \_\_\_\_\_ Amount of resource Request: \$ \_\_\_\_\_

Purpose of request: \_\_\_\_\_ Other sources of Funding: \_\_\_\_\_  
 (Please include desired outcomes/follow up plan)

Name of Approving Church pastor: \_\_\_\_\_ Date: \_\_\_\_\_

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**Criteria for receiving funds:** The receiving congregation:  
 Yes  No is an active participant in the life of South Central Association of Southern Baptists.  
 Yes  No has contributed to the SCASB during the last Associational year.

**Agreement:** The receiving church agrees to send the Director of Associational Missions a report or story describing the use of the funds and evaluating the impact of the event or project for which SCASB funds were used within 60 days of project completion.

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**The above congregation is a cooperating church in our association and the project is consistent with our associational strategy and the appropriate Team's Protocols and Procedures for receiving funds.**

ADOM endorsement \_\_\_\_\_ Date: \_\_\_\_\_

Please return this request to the SCASB office, [scba47@att.net](mailto:scba47@att.net) or fax: 620-221-2511

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To be completed in SCASB office

SCASB Process \_\_\_\_\_ Date received: \_\_\_\_\_  
 Date received by ADOM \_\_\_\_\_ contribute to  
 SCASB (2 previous yrs.) \_\_\_\_\_

Team Leader Responsible \_\_\_\_\_ Line item# \_\_\_\_\_ Notes: \_\_\_\_\_

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Appropriate Team Process \_\_\_\_\_ Date presented: \_\_\_\_\_  
 Action Taken: \_\_\_\_\_ Approved: \_\_\_\_\_ Not Approved \_\_\_\_\_

Amount Approved: \$ \_\_\_\_\_ Team notes: \_\_\_\_\_

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Report Received at SCASB: \_\_\_\_\_