

TULSA METRO BAPTIST NETWORK - FUNDING REQUEST FORM

(Date Recvd _____ To CC _____ /Apprvd _____ To Team Ldrs _____)

Please complete and return to TMBN's office no later than the Wed. a.m. immediately prior to the announced meeting date via: (1) Mail: P.O. Box 2709, Tulsa, 74101 or (2) Fax: 622-1862 or (3) Email: pamela@tulsabaptist.org or (4) by hand to our current location at Southwood's church office at 10110 E. 41st (south of church across 41st Street).

NAME OF CHURCH REQUESTING FUNDS: _____

Please **Check the Box** next to the appropriate Ministry Team Assignment:

- Church Planting Church Strengthening Leader Care & Development

Activity/Event to be Funded: _____

Date of the Activity/Event to be Funded: _____

Total cost of Activity/Event to be Funded: \$ _____ **(PLEASE ITEMIZE BUDGET ON SEPARATE SHEET)**

REVENUE SOURCES FOR EVENT/ACTIVITY (OTHER THAN TMBN)

SOURCES OF REVENUE	Amounts:
1) _____	\$ _____
2) _____	\$ _____
3) _____	\$ _____
4) _____	\$ _____
Total "OTHER" Revenue:	\$ _____

AMOUNT REQUESTED FROM TMBN: \$ _____

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?

If approved, check will be payable to requesting church: _____

Address: _____

Contact Person: _____ Phone(s): _____ / _____

E-Mail Address: _____

Please sign that you are willing to send a follow-up letter, c/o TMBN, to the team that funded your request when your activity/event is completed. Your feedback to the appropriate team is extremely important to them as they resource the mission of our churches.

Signature: _____

Pastor/Staff requesting activity/event funding

Outcome of Team's Review: Yes _____ No _____ Team Ldr's Signature: _____

Amount Approved: _____ Date Approved: _____ If approved via Fax/Phone/Email _____

DOM Review - Signature: _____ Date: _____

Charles A. Cruce, Ph.D., Director of Missions-Treasurer

Budget Acct: CP / CS / LCD Date Chk Sent: _____ Check # _____
Date Chk Sent: _____ Check # _____
Date Chk Sent: _____ Check # _____