

# Central Association

## 2010 Funding Request Form

Circle One:

Evangelism/Outreach Project

Church Strengthening Team

Leadership Development Team

Church making funding request: \_\_\_\_\_

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

Date of the activity: \_\_\_\_\_ Cost of activity: \_\_\_\_\_

(Attach Itemized Budget)

List sources of revenue:	Amount
1) _____ Local church	_____
2) _____ Central Association	_____
3) _____ ASBC	_____
4) _____ Other	_____

Anticipated outcome of this request: \_\_\_\_\_

Please keep the following in mind:

- How does this event/activity or 2<sup>nd</sup> Staff person help you achieve the vision God has given you for your church.
- For 2<sup>nd</sup> Staff assistance, checks are mailed the first of the month after the report has been received.
- Activities/events are funded 60 days out from the association and the state. The form to request state funding will be filled out and faxed from our office.
- Follow-up forms need to be filled out and returned to CASB.
- Financial participation in CASB is required for funding to be considered.

Check made payable to: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

Date approved: \_\_\_\_\_

Amount approved: \_\_\_\_\_

Date check mailed: \_\_\_\_\_

Signature of Director of Missions: \_\_\_\_\_

You may fax your request to 602.841.7441

or

e-mail to: [Sharon@azcasb.org](mailto:Sharon@azcasb.org)