

Mission Funding Request

Western North Carolina Baptist Fellowship

Date Application Submitted: _____

WNCBF Member Church submitting application: _____

Name of individual who prepared application: _____

Telephone number or E-mail Address: _____

Agency or Beneficiary of Request (Applicant): _____

Amount of funds being requested from WNCBF: _____

Funding anticipated from other sources: _____

Total cost of Mission Project or Undertaking: _____

Date project to begin: _____ Date project to be completed: _____

Location where project will be carried out: _____

Specific use of funds being requested from WNCBF:

Provide a general description of the project for which the funds will be used which includes the issue being addressed and the desired outcome following the completion of the project:

Information to be submitted with the application by the Church, Agency, or Non-Profit Organization that will be managing the project or undertaking (these can be emailed to the WNCBF Missions Team at tjustus@mhu.edu):

- Copy of the budget showing the total cost of the project undertaking
- Copy of the most recent financial statement if applicant is a non-profit organization
- Copy of the most recent annual report of activities if applicant is a non-profit organization
- Copy of recent annual operating budget if applicant is a non-profit organization

Request Submitted By: _____ Representing: _____

Mission Team Action Taken: Approved: _____ \$ _____, Denied: _____
By: _____ (Mission Team Rep.) Date: _____