

# 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 [revkevmcdaniel@gmail.com](mailto:revkevmcdaniel@gmail.com)):

- 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: \_\_\_\_\_

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