

Central Association

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 2nd Staff person help you achieve the vision God has given you for your church.
- For 2nd 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