

Arizona Southern Baptist Convention
GRANT REQUEST FORM

LOCAL CHURCH INFORMATION

Church Name Church Plant (less than 5 years old)

Mailing Address

City/State/Zip

Contact Person Phone

Email address

MINISTRY AREA YOU ARE REQUESTING RESOURCES FROM:

Evangelism Leadership Hispanic Ministries Discipleship Church Planting

(Funds may be drawn from only one ministry area for any event/project. Please check one.)

TYPE OF ASSISTANCE YOU ARE REQUESTING

Training – Type of training you are requesting

Materials – Type of materials you are requesting

Consultation – Type of consultation you are requesting

Financial Resource – The Arizona Southern Baptist Convention with the North American Mission Board to their best to participate with local churches as needs arise and based on availability of funds. Below, please give a description of what financial participation might look like:

Total Estimated Cost (**ATTACH ITEMIZED BUDGET**) \$

A. Local Church Participation \$

B. Association Participation \$

Name of Association

C. Amount requested from ASBC \$

ON A SEPARATE PIECE OF PAPER, PLEASE ANSWER THE FOLLOWING QUESTIONS:

- A. How will this assistance help you engage the people in your community?
- B. Is this an event? Yes No If yes, Name/Type of Event and Date
- C. How will this assistance help impact the local church?
- D. Does this assistance in any way help develop or maintain a church plant? Yes No
 - a. If yes, name of church plant:
 - b. If yes, name of church plant pastor:
 - c. How will this assistance help in the development of the new church plant or reaching people?

Grant Requested by: _____ Telephone #
Signature

FOR THE ASSOCIATIONAL DIRECTOR OF EVANGELISM/MISSIONS:

This is included in my associational strategy: Yes No, it is a new request (Please check one.)

I recommend this request for a grant to be approved. _____
Signature

If approved, make check payable to:
(name)
(address)
(city) (state) (zip)

And mail check to:
(name)
(address)
(city) (state) (zip)

ASBC OFFICE USE ONLY:

Date request received: _____

Request approved: ____ Yes ____ No Date: _____

ASBC Facilitator: _____
Signature

ASBC Account: _____