

TULSA METRO BAPTIST NETWORK - FUNDING REQUEST FORM

Date Received _____ To CC _____ /Approved _____ To Team Leaders _____

Please complete and return to TMBN's office no later than the Wednesday morning immediately prior to the announced meeting date via: (1) Mail: 4502 E 29th ST, Tulsa, OK 74114 or (2) email: susan@tmbn.net or (3) by hand to TMBN's office at 4502 E 29th ST, Tulsa, OK 74114.

Name of Church Requesting Funds: _____

Please check the box next to the appropriate ministry team assignment:

- Church Planting
 Church Health
 Leader Care & Development

Activity/Event to be funded: _____

Date of the Activity/Event to be funded: _____

Total cost of Activity/Event to be funded: \$ _____ (Please itemize budget on separate sheet)

Revenue Sources for Event/Activity (Detail)

Sources of Revenue (other than TMBN)	Amounts:
1) _____	\$ _____
2) _____	\$ _____
3) _____	\$ _____
4) _____	\$ _____
Total "other" revenue in addition to this request:	\$ _____
Amount requested from TMBN:	\$ _____

Anticipated outcome: _____

Anticipated number of salvations: _____

On a separate sheet please share (1) how this activity came about, (2) how it helps you achieve the vision God has given you for your church, and (3) what other activities need to be planned on either side of this event to ensure its success. Be as specific as possible with all three.

If approved, check will be payable to requesting church: _____

Address: _____

Contact Person: _____ Phone(s): _____ / _____

E-Mail Address: _____

Please sign that you are willing to send a follow-up letter, c/o TMBN, to the team that funded your request when your activity/event is completed. Your feedback to the appropriate team is extremely important as they resource the vision of TMBN churches.

Signature: _____

Pastor/Staff requesting activity/event funding

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Outcome of team's review: Yes ___ No ___ Team Leader's Signature: _____

Amount approved: _____ Date approved: _____ If approved, via Fax/Phone/Email _____

DOM Review - Signature: _____ Date: _____

Charles A. Cruce, Ph.D., Director of Missions-Treasurer

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Date Chk Sent: _____ Check # _____

Date Chk Sent: _____ Check # _____

Date Chk Sent: _____ Check # _____