Cumberland Baptist Association Funding Request Form

Please complete and return to the CBA office at least 45 days prior to the event. Options being by:
1.) Mail: P.O. Box 3837, Clarksville, TN 37043 2.) Fax #: 931.358-9094 3.) Hand Delievered: Highway 850, Clarksville, TN 30743. 4.) Email: cbawally@charter.net or cba46@charter.net. (**If emailing form, the sender is responsible for verifying CBA receipt of request form.**)

NAME OF CHURCH REQUESTING FUNDS_____

CHECK THE BOX next to the appropriate CBA Ministry Team

- ☐ **CBA Leadership Team**
- ☐ **CBA Missions and Evangelism Team**
- ☐ **CBA Church Strengthening Team**
- ☐ **CBA Administrative Team**

Activity or Event to be funded:_____

Date of Activity or Event:_____

Total Cost of Activity or Event:_____ (attach itemized budget for event/activity)

REVENUE SOURCES FOR EVENT/ACTIVITY

List Sources of Revenue (other than CBA Team Funds)	AMOUNT
1._____	$_____
2._____	$_____
3._____	$_____
Total Other Revenue:	$_____

Amount Requested from the CBA Team: $_____

Anticipated Outcome of the Activity to be funded:_____

_____

On a separate sheet of paper share 1) How this activity or event came about? 2) How it helps you achieve the vision God has given you as a church? 3) What other activities need to be planned on the other side of this event/activity to ensure its success? Be as specific as possible.

Check to be payable to (Church's Name):_____

Address:_____

Contact Person:_____ Phone(s):_____
Email Address:_____

Sign that you are willing to send a follow up letter no later than 30 days following the event to the team that funded your request. Your feedback to the team is important as they resource other churches . Future funding considerations will be dependent on this information.

Signature:_____
(Person requesting activity/event funding)

Official Team Use Only:
Date Received:_____ Amount Approved:$_____
Date Approved:_____ Follow up Report Received: _____

Team Leader's Signature:_____ Date:_____

Missionary's Signature:_____ Date:_____