

## State Missions Offering/GPS Outreach Event FUNDING REQUEST FORM

**Date received in UISBC Office:**

<b>Name of Church:</b>	
<b>Person Making Request:</b>	<b>Office Phone:</b>
<b>Address:</b>	<b>Cell Phone:</b>
<b>Today's Date:</b>	<b>Email:</b>
<b>Name of Ministry/Event:</b>	
<b>Location of Event:</b>	
<b>Projected Budget</b>	<b>\$</b>
Less \$ provided by local church	- \$
Less \$ provided by other sources	- \$
<b>UISBC/SMO AMOUNT REQUESTED</b> (matching funds up to \$500)	<b>\$</b>
The check should be made out to:	
Date the check is needed:	

**Outreach Ministry Event Strategy:** Provide an abbreviated (bullet point type) description in the box below describing the: 1) Purpose (description) of the event/ministry, 2) Desired outcomes and; 3) Plans for follow up. (Attach additional pages or supporting documents for further description).

Signature of Person Making Request:	Date:
Signature of UISBC Staff Member :	Date:
Signature of Executive Director :	Date: