

# ACTS 1:8 FUND REQUEST FORM

Date of Request \_\_\_\_\_ Amount of Request (\$500 Max) \_\_\_\_\_

Sponsor Church \_\_\_\_\_

Mission Trip Coordinator \_\_\_\_\_

Name of Mission Church or Group being served \_\_\_\_\_

Address & Phone # (if available) \_\_\_\_\_

Brief Description of Mission Project \_\_\_\_\_

\_\_\_\_\_

Estimated Number of Mission Project Volunteers \_\_\_\_\_

Estimated Budget for Mission Project \_\_\_\_\_

Proposed Date(s) of Mission Project \_\_\_\_\_

Brief Description of how the Acts 1:8 Fund(s) will be used \_\_\_\_\_

\_\_\_\_\_

The requested funds would be needed no later than \_\_\_\_\_ (date)

Describe the training offered to Mission Volunteers \_\_\_\_\_

\_\_\_\_\_

Would you have space for Volunteers from other CBBA churches? \_\_\_\_\_

If yes, how many? \_\_\_\_\_

Pastor's Signature \_\_\_\_\_ Pastor is aware of and in agreement of

with the Acts 1:8 Fund Request.

Main, fax, or email this form at least **45 days prior** to the beginning of the project to:

**Creath-Brazos Baptist Association**  
**410 Tarrow, #101**  
**College Station, TX 77840**

**PHONE 979.846.1788**  
**EMAIL info@cbba.org**