

ACTS 1:8 FUND REQUEST FORM

Date of Request _____ Amount of Request (\$750 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