

**Impacting Lostness Team
Funding Request Form**

Church Name: _____

Date: _____

Amount Requested: _____

Project Description: (Along with this description, please explain how this project will help your church to impact lostness.)

Project Budget: (Please give a figure for the total project budget. If the budget exceeds the amount requested, please explain what your church has done to this point in bringing this request.)

Follow-Up Plan: (Assuming the project completed, please explain your plans to follow up in your desire to get to the gospel. A final follow-up report will be required before any subsequent requests can be considered.)

Name (Please Print) _____

Name (Signature) _____

Date: _____