Funding Request Form
Great Commission Fund

But you will receive power when the Holy Spirit comes on you;
and you will be my witnesses in Jerusalem, and in all Judea, and Samaria, and to the ends of the earth. **Acts 1:8**

Date of Request: _____

Date of Mission Project: _____

Organization Requesting Funding: _____

Date Funds Requested By: _____

Address: _____

Contact Person: _____

Cell Phone Number: _____

Email Address: _____

Mission Project Location: _____

Purpose of the Mission Project: _____

_____

_____

Number of Participants/Names:

_____

_____

_____

_____

Anticipated Cost of Project:

_____

Are Any Church Funds Being Provided for this Project:

_____

Amount Requested from the Great Commission Fund:

_____

How will Funds be Spent: ***Please NOTE you will need to submit receipts/expenditure report after trip completion.**

_____

_____

_____

_____

_____

Date Approved by Great Commission Team:

_____

Date Funding Check Sent:

_____