

# Northwest Indiana Baptist Association

## Associational REQUEST FORM

*Please complete and return to NWIBA's office: (1) Mail: 6819 E. Lincoln Hwy –US 30 Crown Point, IN 46307 or (2) Fax: (219) 942-6557 or (3) Email: nwiba@juno.com or (4) by hand to our associational office.*

Name of Pastor or Church making request: \_\_\_\_\_

Please **CHECK** next to the Ministry Team Assignment:

- **Pastoral Development** • **Church Revitalization** • **New Church Development**

Activity/Event/Service Requested: \_\_\_\_\_

Date of the Activity/Event/: \_\_\_\_\_

Total cost of Activity/Event/Service: \$ \_\_\_\_\_ *(Please attach itemized budget for Event/Activity)*

### REVENUE SOURCES FOR EVENT/ACTIVITY

List **SOURCES OF REVENUE** (other than NWIBA): **Amount:**

- 1) \_\_\_\_\_ \$ \_\_\_\_\_
- 2) \_\_\_\_\_ \$ \_\_\_\_\_
- 3) \_\_\_\_\_ \$ \_\_\_\_\_
- 4) \_\_\_\_\_ \$ \_\_\_\_\_

Total "other" Revenue: \$ \_\_\_\_\_

Amount Requested from NWIBA: \$ \_\_\_\_\_

Anticipated Outcome of the Activity/Event/Service: \_\_\_\_\_

***ON A SEPARATE SHEET, please share (1) How this activity came about and (2) How it helps you achieve the vision God has given you for your church. Be as specific as possible. (3) What other activities need to be planned on either side of this event to ensure its success?***

If approved, check will be payable to requesting church: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone(s): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

***Please sign that you are willing to send a follow-up letter, c/o NWIBA, to the team that supplied your request when your activity/event/service is completed. Your feedback to the appropriate team is extremely important to them as they resource the mission of our churches.***

***Signature:*** \_\_\_\_\_

***Person requesting activity/event funding***

Outcome of Team's Review: **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ Team Ldr's Signature: \_\_\_\_\_

Amount Approved: \_\_\_\_\_ Date Approved: \_\_\_\_\_ If approved via Fax/Phone/Email \_\_\_\_\_

Budget Line Item Number# \_\_\_\_\_

\$12,000.00 – Church Planting

\$10,000.00 – Mission Evangelism

\$11,000.00 – Training Fund

***DOM Review - Signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

***Dr. Warren Haynes, Director of Missions***-----

Budget Acct: **PD / CR / NCD** Date Check(s) Sent: \_\_\_\_\_ Check # \_\_\_\_\_

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## Associational Follow-up FORM

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### **Attach this form to corresponding request form**

Name of Pastor or Church for Follow-up: \_\_\_\_\_

Name of Event/Activity/Service: \_\_\_\_\_

Please **CHECK** next to the Ministry Team Assignment:

- Pastoral Development
- Church Revitalization
- New Church Development

***(1) How did this activity come about?***

***(2) How did this activity help you achieve the vision God has given you for your church. Be as specific as possible.***

***(3) What results did you see (presented Gospel, won the lost, mature disciples, community impact, other)?***

***(4) What could you have done to make this better?***