



# THE SUMMIT BAPTIST ASSOCIATION

## Grant / Fund Request Form

This form is to be used by SBA affiliated congregations for outreach fund requests, mission trip support and any other fund request (may be reimbursable, but request must be made prior to event). Please allow up to 60 days from application for approval by the SBA AMC Team or SBA Association Director. **Only 1 approved request per year, per category for each congregation permitted.**

Church Making Request: \_\_\_\_\_

Church Leader Making Request: \_\_\_\_\_

Contact Information for Requestor: E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Texting: yes no

Purpose for the Request (Circle 1): Outreach Funds Partner Funds Mission Trip Support

Pastoral Development Other: \_\_\_\_\_

Are there Any Other Ministries Partnering? (Who): \_\_\_\_\_

Date(s) of Project / Event: \_\_\_\_\_ Purpose for Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there an evangelistic / gospel component to this request? \_\_\_\_\_

\_\_\_\_\_

Total Investment of Project: \$ \_\_\_\_\_ SBA Ministry Funds Amount Requested: \$ \_\_\_\_\_

1. Did your church complete its Annual Church Profile (ACP) in 2023? yes no not sure
2. How much has your church contributed to SBA in 2022 - 2023? \$ \_\_\_\_\_
3. Do you agree to send at least two pictures and at least a one-paragraph overview of the project / event to [office@summitbaptist.com](mailto:office@summitbaptist.com) after the event has ended? yes no

**If approved**, make check payable to: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

----- FOR OFFICE USE ONLY -----

Date Received: \_\_\_\_\_ ACP Data Verified \_\_\_\_\_ SBA Giving Verified \_\_\_\_\_  
 Approved / Denied By: \_\_\_\_\_ Amount Approved: \$ \_\_\_\_\_  
 Account #: \_\_\_\_\_ Check Number: \_\_\_\_\_ Date Check Sent: \_\_\_\_\_