

## OUTREACH TEAM: FUNDING REQUEST FORM

*Note: Bethel Lutheran Church's Outreach Team only meets once a month, so please note that requests might take more than 30 days to be reviewed. Please return the completed form to the office.*

**Date of Request:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Nonprofit Tax ID Number:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

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

**Contact:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Please provide the following Funding Request Information:**

**1. What type of fund request are you applying for? (Check all that apply)**

\_\_\_\_\_ one-time funding need \_\_\_\_\_ monthly funding need \_\_\_\_\_ annual funding need

**2. What is the primary purpose of the funds needed? (Check all that apply)**

\_\_\_ Emergency Assistance    \_\_\_ Medical Help    \_\_\_ Education    \_\_\_ Church Planting

\_\_\_ Leadership Development    \_\_\_ Evangelism/Christian Outreach    \_\_\_ Community Support

\_\_\_ Help for Those in Impoverished Circumstances (Homelessness, Lack of Food or Water)

\_\_\_ Other: \_\_\_\_\_

**3. Which of the following best describes at what level the funds will be used? (Check all that apply)**

\_\_\_ Local (In the Colorado Springs or surrounding area)

\_\_\_ National (What region or states?) \_\_\_\_\_

\_\_\_ International (What country or countries?) \_\_\_\_\_

**4. How will funds be used? (Please describe, if more room is needed attach another page)**

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

**5. How much are you requesting (if a specific amount is not needed, please indicate)?**

\_\_\_\_\_

*Outreach Team Use Only: Request Review Date:* \_\_\_\_\_

*Decision (please circle):*    *Approved*    *Denied*    *More Information Needed*

*Funding Amount Approved:* \_\_\_\_\_    *Duration (please circle):*    *One-time*    *Monthly*    *Annual*