



Request for Evangelism Funds

Return completed form to the SCBO or email to grants@scbo.org

Current Date _____ Name of Individual Making Request _____ Church Name _____

Job Title/Ministry Position _____ Street Address _____

Association Name _____ City _____ State _____ Zip _____

Please explain the evangelistic purpose and strategy of the upcoming project. *(Use an additional page if necessary):*

Primary project format *(Select one)*: Training Event Initiative

Project Date(s) _____ Anticipated Attendance _____ \$ _____ Total Project Cost _____ \$ _____ SCBO Funds Requested _____

Additional Details:

- Will personal evangelism training be provided? Yes No
If yes, what method(s) or model(s) will be used? _____
- What is the estimated number of the gospel conversations you anticipate at your event/project? _____
- How and when will follow-up be conducted? _____
- Did the church file its Annual Church Profile (ACP) for last year? Yes No
- Has the church contributed to the Cooperative Program (CP) in the past year? Yes No
- I agree to provide at least two pictures and a one-paragraph written overview to the SCBO following the project/event.

If request is approved, please make check payable to:

Street Address _____

Name _____ City _____ State _____ Zip _____

FOR SCBO ADMINISTRATIVE USE:

Approval Date: _____ Account Number: _____

Approval granted by: _____ Check Number: _____

Inviting Churches to Rediscover Gospel Multiplication