



RESOURCE REQUEST FORM For the Teams of the LPBA

P.O. Box 737 Berthoud, Colorado 80513 970-532-1083

2009

Purpose of this Request Form: The Teams of the LPBA seek to be good stewards of the resources that have been entrusted to them to effectively resource the needs and vision of the LPBA churches in carrying out the Great Commission.

Receiving church: _____ Name of Sponsoring Church, if applicable: _____
 Address of church _____ Make check payable to: _____
 Person making request: _____ Type of church: New – 2 years or less
 Relationship to receiving congregation: _____ Existing – more than 2 years

Check all that apply to the project: Outreach/Missions Strengthening/Enrichment Leader Care/Development

Name of project or event: _____
 Start date of project or event: _____

Purpose of request: (Describe how resources will be used. **MUST INCLUDE DESIRED OUTCOMES, STRATEGY OR ACTION PLANS/OBJECTIVES, AND FOLLOW-UP PLAN**) Please use page 2 if necessary:

Total Cost of Project	\$
Amount of Resource Request	
Other Sources of Funding	
List sources:	

Name of approving church pastor: _____ Date: _____
 (Any problems with unlocking or using this form, please call the LPBA office at 970-532-1083 during our office hours)

Criteria for receiving funds: The receiving congregation:
 Yes No **Is an active participant** in the life of the Longs Peak Baptist Association.
 Yes No **Has contributed** to the LPBA in 2008 and 2009.

Agreement: The receiving church agrees to send to their Director of Missions, a report or story describing the use of the funds and evaluating the impact of the project or event for which the LPBA monies were used within 60 days of project completion.

The above congregation is a cooperating church in our association and the project is consistent with our associational strategy and the appropriate Team's Protocols and Procedures for receiving funds.

Director of Missions Endorsement: _____ Date: _____

Please return this request to the LPBA office, john.howeth@lpbaco.com and/or Fax 970-532-2875 (emailing is preferred)

<p>TO BE COMPLETED BY THE LONGS PEAK BAPTIST ASSOCIATION OFFICE</p> <p>LPBA Process Date Received at LPBA _____</p> <p>Date Reviewed by DOM: _____</p> <p>Team Leader Responsible: _____ Line item # _____</p> <p><input type="checkbox"/> Outreach/Missions <input type="checkbox"/> Strengthening/Enrichment <input type="checkbox"/> Leader Care/Development</p> <p>LPBA Office Notes: _____</p>	<p>Contributed</p> <p>LPBA '08 \$ _____</p> <p>LPBA '09 \$ _____</p> <p>Funding Received</p> <p>CA '08 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>'09 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>SMO '08 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>'09 <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Appropriate Team Process Date Presented: _____</p> <p>Action taken: _____ Approved _____ Not approved _____</p> <p>Approved Amount: \$ _____</p> <p>Team Notes: _____</p>	<p>After the Appropriate Team's Action, please return to the LPBA office for further processing of request.</p> <p>Report Received: _____</p>

USE THIS PAGE FOR ADDITIONAL INFORMATION ON YOUR DESIRED OUTCOMES, STRATEGY OR ACTION PLANS/OBJECTIVES, AND FOLLOW-UP PLAN.