

HighPoint Community Church Mission Funding Request

Funding decisions are made only at the meetings in January, April, July & October.

Applicant name _____ Date submitted _____

Phone (H) _____ (C) _____ Email _____

Address _____

Mission name _____

Mission goals _____

Total amount of mission funding requested from HPCC \$ _____

Is request for long-term/ongoing funding? _____

If yes, please attach mission's annual budget and other pertinent documents including a list of other sources and amounts of funding, expenses and reserves.

Sponsoring HPCC member(s) _____

Is request for one-time funding? _____

If yes, list mission activity/trip dates _____

List the total cost of mission activity/trip \$ _____

Amount of funding provided by self \$ _____ Other sources \$ _____

1. As an applicant for HPCC mission funding, I agree to report on the mission activity/trip at the frequency determined when funding is reviewed and approved.
2. HPCC joyfully agrees to lift up the applicant and the mission activity/trip in prayer.

Applicant's signature _____

HPCC Mission Chairman _____ Action Date _____

Total amount approved \$ _____ **Budget category** _____

Monthly check? _____ Amount per month \$ _____

OR

One-time check? _____ Amount \$ _____ Are receipts required for check? _____

Date the funded mission activity/trip report is expected _____