******HP Missions Offering Request for 2015**(Email Form)

**INFORMATION** Federal Tax ID Number of the church\*: Click here to enter text.

Name of Association/Church: Click here to enter text. Church☐ Church Plant ☐

(Mission Church must submit request through Sponsoring Church)

Mailing Address: Click here to enter text.

(Check will be mailed to this address)

Contact Person: Click here to enter text. Assoc/Church Title: Click here to enter text.

Phone Number: Click here to enter text. Email Address: Click here to enter text.

Our church is affiliated with: Hawaii Pacific Baptist Convention ☐ Association ☐

(Both above boxes must be checked for request to be considered)

**FUND REQUEST**

Applying for: Evangelistic Ministries/Healthy Church ☐ State/Association Ministries ☐ Materials ☐

Name of event/project/ministry: Click here to enter text.

Date(s) of Event/Project: Click here to enter a date.

On-Going ☐ List schedule or evanet dates and times:

If you receive approval of funds, how do you plan to spend it: Click here to enter text.

Your Estimated Cost (Attach itemized budget) $ Click here to enter text.

Local Church Participation $ Click here to enter text.

Association Participation $ Click here to enter text.

Amount of Request $ Click here to enter text.

Our Church has made contributions to: Cooperative Program ☐ Hawaii Pacific Missions ☐

(Both above boxes must be checked for request to be considered)

**ADDITIONAL INFORMATION**

Please type in your answer or on a separate piece of paper:

1. What is your Plan of Action in executing an effective event?
2. How will this assistance help impact your local church?
3. Do you plan to have evangelism training?
4. What is the likely result in your community? (ie. 3 salvations, 5 gospel presentations, etc…)
5. Do you need help or partners for your event?

Requests from Mission congregations must be approved by sponsoring churches.

 (If applying by email, digital signature can be added or verify

Signature of Pastor, Moderator or Director by typing your full name here: Click here to enter text.

Click here to enter a date.

Date Approved by Sponsoring Church

\*The Tax Identification Number, usually the EIN (Employer Identification Number, MUST be the number for the organization to whom the check is to be made payable.

**For HPBC ffice Use**:

**☐Evangelistic Min (9002)** **☐ State/Assoc (9001)**: ☐ Neighborhood ☐ Communities ☐ Youth/Children

**Follow Up:** ☐ Report Received, Date\_\_\_\_\_\_\_\_\_\_ ☐ Photos Received