******HP Missions Offering Request for 2017** (PRINT Form)

**INFORMATION** Federal Tax ID Number of the church\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Association/Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Church☐ Church Plant ☐

(Mission Church must submit request through Sponsoring Church)

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Check will be mailed to this address)

Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Assc/Church Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 ☐

Name of event/project/ministry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) of Event/Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Or, On-Going ☐ List schedule or event dates and times:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you receive approval of funds, how do you plan to spend it: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Your Estimated Cost (Attach itemized budget) $ \_\_\_\_\_\_\_\_\_\_\_\_

Local Church Participation $ \_\_\_\_\_\_\_\_\_\_\_\_

Association Participation $ \_\_\_\_\_\_\_\_\_\_\_\_

Amount of Request $ \_\_\_\_\_\_\_\_\_\_\_\_

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

(Both above boxes must be checked from sponsoring church 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.

Signature of Pastor, Moderator or Director

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

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