

PACIFIC UNION CONFERENCE OF SEVENTH-DAY ADVENTISTS
EVANGELISM ENDOWMENT FUND
PROJECT REQUEST FORM

PLEASE TYPE INFORMATION, except when signatures are required. This form must be filled out in its entirety (if you need additional space to complete any of the sections of this form, attach separate pages and mark the sections Exhibit A, B, C, etc., and reference the Exhibit at the question site).

Send the completed, signed request form to:

Pacific Union Conference, ATTN: President's Office, P O Box 5005, Westlake Village, CA 91359;
or scanned/mailed to carol@puconline.org; or by fax to (805) 495-2644 Attn: Carol.

PROJECT NAME: _____ PROJECT DATE (s): _____
SUBMITTED BY: _____ CONTACT PERSON: _____
ADDRESS: _____ PHONE: _____
E-MAIL: _____
PHONE: _____
E-MAIL: _____

PROJECT DESCRIPTION: PROJECT OBJECTIVE: _____

TARGET GROUP: _____

HOW WILL THE PLAN BE ORGANIZED AND IMPLEMENTED: _____

EXPECTED RESULTS: _____

BUDGET INFORMATION

ITEMIZE ESTIMATED EXPENSE (Be specific - general categories are not sufficient. Attach expanded budget on separate page, if needed):

1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____

TOTAL ESTIMATED EXPENSE: \$ _____

AVAILABLE INCOME:

Local Church	\$ _____
Local Conference	\$ _____
Offerings	\$ _____
Other	\$ _____

TOTAL AVAILABLE INCOME: \$ _____

FUNDS REQUESTED FROM EVANGELISM ENDOWMENT: \$ _____

TOTAL INCOME: \$ _____

(TOTAL ESTIMATED EXPENSE must equal TOTAL INCOME)

SIGNATURES REQUIRED

(Requesting Organization)

_____ NAME OF ORGANIZATION / PERSON SPONSORING PROJECT	_____ SIGNATURE	_____ DATE
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_____ NAME OF PROJECT DIRECTOR	_____ SIGNATURE	_____ DATE
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SIGNATURES REQUIRED

(Local Conference or Institutional Officers)

_____ PRESIDENT or TREASURER	_____ SIGNATURE	_____ DATE
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NAME OF CONFERENCE / INSTITUTION
