

CALM

Central Appalachian Lutheran Ministries

REQUEST FOR FUNDING

Date _____

Project Name _____

\$ Amounts CALM \$ _____ Other Funders \$ _____ Total Project \$ _____

Project Dates _____

Contact Person _____

Name, Address _____

Phone, Email _____

CALM Church, RSO _____

Has the church governing body approved this project and request? _____ Date? _____

Project Description: _____

(Attachments) _____

Itemized Budget	CALM \$	Other Funders / \$Amt	Total Cost
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Salary/Benefits			
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Names/amounts)			
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Equipment)			
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Print Material			
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CDs, DVDs			
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Films, Books			
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Services			
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Travel			
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Other Costs			
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After project completion, please provide invoices to document how money was spent.

Submit your completed form to the Central Appalachian Lutheran Ministries representative for your congregation. A list of participating congregations and representatives is available online at www.centralappalachianlutheranministries.org.