

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

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).

**Project director and/or church:** send your completed/signed request form to your local conference office for their committee review and sign-off. They will then submit viable requests to the Pacific Union office.

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)

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### SIGNATURES REQUIRED

(Requesting Organization)

NAME OF ORGANIZATION / PERSON SPONSORING PROJECT \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NAME OF PROJECT DIRECTOR \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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### SIGNATURES REQUIRED

(Local Conference or Institutional Officers)

This request has been reviewed by the conference \_\_\_\_\_ Committee

PRESIDENT or TREASURER \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NAME OF CONFERENCE / INSTITUTION \_\_\_\_\_