

Trinity Presbytery
Budget Project Request Form

For Year _____

Team/Entity: _____ Contact: _____

Program/Project Name: _____ Contact: _____

Program/Project Description:

Attach additional documentation if necessary.

Amount Requested: \$ _____ Budget Cycle Years: _____

Source of Funds:

Presbytery Appropriated Amount: \$ _____

Restricted Funds Amount: \$ _____ Fund Name _____

Program/Revenue: \$ _____

Other: \$ _____ (Please Define) _____

Primary Goal /Purpose(s) for the Project:

Monitoring/Report method for obtaining or measuring results – please be specific and do not use generalities:

Submitted by: _____ name/email/phone _____

Return this funding request form to **Louise Carter** at lcarter@trinity-presbytery.org **on or before March 30, 2018**. You may call her at 803-794-1225, ext. 4, should you have questions.