

MINISTRY/COMMITTEES REQUEST FOR OPERATING FUNDS

Directions: Please complete this form and return it to the Parish Administrator by October 15 if your ministry/committee would like funding consideration for the upcoming fiscal year.

Ministry/Committee: _____

Did your ministry/committee receive funding during the current year? Yes No

How much money did your ministry/committee receive for the current year? \$ _____

How much money is left in your budget? \$ _____

How much money is being requested for the upcoming fiscal year? \$ _____

Expenditure Categories	Activity Timeframe	Current Year Amount Spent	Proposed Expense
TOTAL AMOUNT REQUESTED			

If you are requesting an increase in funding, please clearly explain the rationale for this increase.

Ministry/Committee Chair's Name: _____

Date: _____

For Parish Council Use Only:

- Date reviewed** _____ **Approved** **Declined** **Pending**
- Revisions:** _____
- Request for further information:** _____
- Requestor advised. Date:** _____ **By:** _____