

Northern California Conference Women's Ministries *Financial Assistance Request*

Office Use Only - Date Rcv'd: _____
Board Approved: _____
Sent to Treasury: _____
Amount: _____ Check #: _____

**Complete & Submit to wmab@nccsda.com. Requests must be signed by both the leader & the pastor.
17 Churches per year will be considered for this financial assistance.**

Your Name: _____

Email: _____

Phone: _____

Your Leadership Role: _____

Church Name: _____

Event: _____

Date: _____

Description of Event with details of budget:

Estimated Total Cost: _____

Source of Funding:

Offerings/fees: _____

Church _____ (church funds & offerings to equal 60%)

Other Sources _____

Please list: _____

Requested Amount: _____

Total Budget: _____

(40% of budget — \$600.00 maximum)

In an attempt to support and encourage Women's Ministries events in the Northern California Conference, financial assistance from the Women's Ministry Department will be available for local church events ONCE each year. To receive your check prior to your event, **this form must be received 60 days prior to the event** by the Women's Ministries leader and supported (signed) by the local church pastor. *You may apply for funds on a 60/40% basis up to \$600.00.* Requests will be considered after the event as well. This financial assistance is for singular events rather than for ongoing events such a weekly Bible study or prayer group.

A report of the event and an accounting of funds should be submitted to wmab@nccsda.com following the event. If the event does not take place, the funds are to be returned to Women's Ministries Department of the Northern California Conference.

Requested by: _____ (signature required)

Pastor _____ (signature required)