

**Murphysboro United Methodist Church
Request for Neighborhood Funds**

The church has set aside special offerings in this fund to increase awareness of ministries in our church. Please submit to the Service and Missions Chair a brief description of your idea. It is requested that you describe who will be reached, when and where the event(s) will occur, what ministry will it fit into, how much is being asked and whether the ministry is a onetime event or may continue as an ongoing program if successful. Please check the ministry it involves.

1. Worship____Hospitality____Spitirual Formation____Nuture/Care____
Service & Missions____Youth Mission____Camping____
Other_____

2. Contact person for request_____Date_____

Phone # and/or email address_____

3. What is planned? (Use back side if needed)_____

4. How much is your request? \$_____

5. Service and Mission/Finance Review Committee: Approved_____

Not approved_____Amount awarded_____Date_____

Reason if not approved_____

Council approval required for all ongoing ministries or any request over \$250.00. Approved_____Not approved_____Date_____

Reason if not approved_____
