



Traveling Work Team Support Group Funding Application Questionnaire

Name of Hosting Church or Facility: _____

Address: _____

City: _____ ZIP: _____

Applicant Name: _____ Phone: _____

Email Address: _____

What is your project plan?

What tasks will you have your work-team accomplish?

How large do you expect your work-team to be?

Date work-team arrives and leaves:

What will these funds be used for?

Amount requested? (Maximum allowed is \$500.00.)

Signature

Date

Applications must be postmarked by May 15