

Resource Request Form

Please complete all portions and return to: (be sure to make a copy for your files)

Director of Missions
 Lake County Baptist Association
 12710 W. Southview Ave.
 Waukegan, IL 60085

Church Name:				
Address:				
Phone Number:		Date:		
Contact Person:				
Ministry Need Described: (Please include dates)				
Major Vision Strategy to which requested resources relate:				
Follow-up Strategy: (Please include dates)				
Financial Details:	Total Cost: Requested: Approved	Church's Portion: Requested: Approved:	LCBA Portion: Requested: Approved:	IBSA Portion: Requested: Approved:
LCBA Use Only:	Team/Team Leader		Director of Missions	
Date Approved:				