

SYNOD OF SOUTH ATLANTIC RACIAL ETHNIC FUND REQUEST

NAME: _____ DATE: _____

NAME AND DATE of Activity that requires Synod Funding

REQUESTED AMOUNT: Funds from Synod Budget: \$ _____
Funds from Other Sources: \$ _____
Funds from Other Sources: \$ _____

Note: If there is left over money from your event, a proportion of it must be returned to Synod. It will be deposited back into your account.

NAME OF RACIAL ETHNIC GROUP CONSULTANT: *

Name: (print) _____

Address: _____

Email: _____ Phone: _____

NAME OF TREASURER (PAYEE):

**Check will be issued to Treasurer only*

Treasurer: _____

Address: _____

How will the Synod funds be used?

I certify that this activity is a valid ministry of this Racial Ethnic group and I recognize the funds we request are given by the 16 presbyteries of the Synod of South Atlantic for the Racial Ethnic Ministry Mission within those same presbyteries and will ensure a proportion of any unused funds will be returned.

I have reviewed and approve this request.

Synod Consultant

I certify that there are protective measures in place to protect minors and mentally incapable persons against sexual misconduct or illegal activity of any kind during this activity.

Synod Consultant

<p>SYNOD OFFICE USE ONLY APPROVED BY: _____ DISPENSED BY: _____ Synod of South Atlantic, 118 East Monroe Street, Jacksonville, Florida 32202 Phone: 904.356.6070 ~ Fax: 904.356.0051</p>
