

FLORIDA MISSION CENTER



Community of Christ



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2 CENTS A MEAL PROJECT REQUEST FORM

There may be worthy projects for funding consideration by the 2 CENTS A MEAL PROJECT. This form is for the purpose of requesting such consideration.

NAME OF PROJECT _____

LOCATION _____

TYPE OF HUNGER RELATED MINISTRY INVOLVED _____

CONTACT PERSON (CHURCH MEMBER OR PASTOR) _____

AMOUNT OF FUNDING REQUESTED _____

TOTAL BUDGET FOR PROJECT (INCL. 2 CENTS A MEAL) _____

SIGNATURE OF CONTACT PERSON _____ DATE _____

Phone Number _____ Email Address _____

SIGNATURE OF PASTOR OR FINANCIAL OFFICER

_____ DATE _____

For Official Use: Considered _____ Approved/Rejected Amount _____