



Silver State Missions Offering Funds Request

Church Name _____

Address _____

City _____ Zip _____ Phone _____

Contact Person _____

Phone and e-mail for contact _____

What is the intended use for the funds being requested? _____

Total cost of event: \$ _____ Date of event: _____

Amount of assistance needed: \$ _____

Please give an itemized list with dollar amounts of how the funds will be spent:

What are your goals for this event?

What is your follow-up plan after the event?

Criteria for receiving funds from the SSMO:

- The requesting church is an active member in the Nevada Baptist Convention.
- The requesting church has contributed to the SSMO offering and CP in the past or plans to do so soon.
- The requesting church agrees to report to NBC on how the SSMO funds helped the church in its ministry goals.

Please return by mail, e-mail or fax to: Nevada Baptist Convention

Attn: Reesa Scott

406 California Avenue, Reno, NV 89509

phone: 775.786.0406 fax: 775.786.0700

rscott@nevadabaptistconvention.org