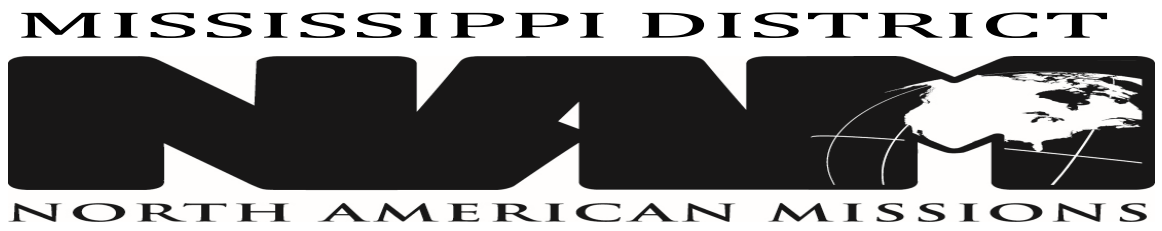


**REQUEST
FOR
FUNDS**



NAME: _____
ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____
HOME TELEPHONE: _____ CELL: _____
EMAIL: _____

FUNDING FOR:			
BUILDING/GROUNDS: \$ _____	UTILITIES: \$ _____	ADVERTISING: \$ _____	
RENT: \$ _____	REVIVAL: \$ _____	OTHER: \$ _____	TOTAL: \$ _____

Explain purpose of funds: _____

Total Amount Requested: \$ _____ Date Funds Needed: _____

(Signature of Applicant)

UPCI Affiliated:	YES: ()	NO: ()
N.A.M. Monthly Reports Current:	YES: ()	NO: ()
Compliant with MS District Financial Plan:	YES: ()	NO: ()

Amount Approved: \$ _____
Approval Date: _____

(Signature of MS N.A.M. Director)