

ACTS

ASBURY COMMUNITY THRIFT STORE

REQUEST FOR FUNDS APPLICATION TO SUPPORT CHRISTIAN MINISTRIES IN THE CITY OF
MADISON AND THE IMMEDIATE SURROUNDING AREA

Organization making Request: _____

Tax Status of Organization _____ EIN _____

Amount Requested: _____

Contact Name: _____ Phone(s): _____

Address: _____

Please state reason for request and estimated date for funds to be used:

(Please attach a brief history of the organization)

Contact Signature: _____ Date: _____

Remit form to: **ACTS B.O.D., Attn: Ann Pospicil, P.O. Box 772, Madison, AL 35758**

OFFICE USE ONLY

Interview Date/Time: _____

Organization Representative(s): _____

ACTS Board Members Present: _____

Request Granted? YES / No Amount Granted: _____

Date Notice Sent to Organization: _____

B.O.D Signature: _____

If grant is awarded please remit a copy of the following form no later than 1 week after the end of each quarter (all monies distributed quarterly unless otherwise arranged by ACTS B.O.D.) Remit form to: **ACTS B.O.D., Attn: Ann Pospicil, P.O. Box 772, Madison, AL 35758**

DATE	AMOUNT SPENT	REASON