

# 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 \_\_\_\_\_

(Please ensure that Tax Status and EIN are correct for the Organization making Request)

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): \_\_\_\_\_

Meeting Date/Time: \_\_\_\_\_

ACTS Board Members Present: \_\_\_\_\_

Request Granted? YES / No      Amount Granted: \_\_\_\_\_

Date Notice Sent to Organization: \_\_\_\_\_

B.O.D Signature: \_\_\_\_\_

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ASBURY COMMUNITY THRIFT STORE

## NOTICE OF BOARD OF DIRECTORS DECISION ON FUNDS REQUESTED

Organization making Request: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Address: \_\_\_\_\_

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Board of Directors Meeting Date: \_\_\_\_\_

Request Granted? YES / No                      Amount Granted: \_\_\_\_\_

Date Notice Sent to Organization: \_\_\_\_\_

B.O.D Signature: \_\_\_\_\_

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If grant is awarded please remit a copy of the following form detailing how funds were dispersed no later than 1 month after depletion.

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

DATE	AMOUNT SPENT	REASON