



Mississippi River Ministry of Tennessee Request for GOTM Funds

Date of request: _____

Name of Ministry: _____
Describe how project meets physical or spiritual needs of those in poverty as a ministry of the church/ association:

Sponsoring Church/
Association: _____

Contact Person: _____

Address: _____

Phone: _____

E-mail: _____

Amount requested: \$ _____

How will this funding be used: (Please be specific)

Other funding sources for this ministry: _____

Submitted by: _____

Return form to: Phil Young: TBC PO Box 728; Brentwood, TN 37024-0728
Or FAX: (615) 371-2014 & (731) 855-9846 [Randy Pool]