



## Church Plant Funding Renewal Request

TBC Church Planting Specialist Name: \_\_\_\_\_

Church Plant Name \_\_\_\_\_ Planter Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day phone (        ) \_\_\_\_\_ Mobil phone (        ) \_\_\_\_\_

Email address \_\_\_\_\_

Last year's Funding Amount \$ \_\_\_\_\_ Date Begun \_\_\_\_\_ End Date \_\_\_\_\_

Full-Time \_\_\_\_\_ Bi-Vocational \_\_\_\_\_

Partner Church (Sponsor) \_\_\_\_\_

### **ACCOMPLISHMENTS DURING PAST FUNDING YEAR**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### **PLEASE LIST CHALLENGES YOU HAVE FACED DURING THE FUNDING PERIOD**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### **PLEASE LIST PLANS/GOALS FOR THE NEXT FUNDING PERIOD**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**DESCRIBE YOUR DAILY ACTIVITIES AS A CHURCH PLANTER**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**GROWTH OF CONGREGATION DURING FUNDING PERIOD**

	Year 1	Year 2	Year 3	Year 4	Year 5
Professions of Faith					
Baptisms					
SS/Small Group					
Worship					
Discipleship					
Worship					

**INCOME AND GIVING DURING FUNDING PERIOD**

	Year 1	Year 2	Year 3	Year 4	Year 5
Income					
Cooperative Program					
Local Association					
Gifts to GOTM					

Requested Amount from TBC for this year \_\_\_\_\_

**\*Please attach a copy of your current church budget\***

Sponsoring Church(s) Recommendation \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Position \_\_\_\_\_

Associational Director of Missions Recommendation \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Position \_\_\_\_\_

Return completed form to; Church Planting c/o TBC, P. O. Box 728, Brentwood, TN 37024-0728

800-558-2090 ext 2032

Or email the completed form to your Church Plant Strategist