



The Community Church of Sebastopol Operating Reserves Allocation Request Form

Request Date: _____ Leadership Council Action Date: _____

Council Member: _____ Representing: _____

Phone: _____ Email: _____

Amount Requested: _____

Describe the purpose of the request, attach supporting documentation as appropriate:

Who will be in charge of monitoring the use of these funds? _____

When will funds be needed? _____

Note any Start Date _____ Note any Completion Date _____

Will any of these funds be replenished? ____ Yes ____ No

If yes, note amount _____ and note approximate timeframe _____

Priority Assessment:

- URGENT immediate need to restore a required or important service or for reasons of health/safety, prevention of/repair to property damage, or prevention/recovery of property loss.
- NEEDED to enhance/enrich the quality, content, or appeal of Church ministries.
- BENEFICIAL value-added improvement but Church ministries could function without this expenditure.

What other funding sources were investigated (check all that apply)?

- Church Operating Budget Donations/Private Contributions Memorial & Endowment
- Designated Special Funds Matching Grants Fundraising
- Other: _____

Council Decision Notes - reasons for approval/rejection, impact to operating reserves, replenishment plan if any (attach additional pages as needed):

Noted by: _____ (member of Leadership Council)