

## iServe Project Resource Needs

**Instructions**: The information that you provide below will greatly assist us in understanding the needs of your iServe community project.

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1. Project Name	
2. Life Group Class or other Group participating (if applicable)	
3. Your Name	
4. Your Email Address	
5. Best Phone Number	
6. When is your iServe pro	oject taking place?
Date:	
Time:	
Location:	
-	per of iServe volunteers needed to complete the project. We will ough the iServe website if needed.
# of volunteers nee	ded:
8. Describe your iServe project.	
9. How will your team be sharing the gospel throug your iServe Project?	



8. Special Material Needs: (We may be able to assist)	
<ol> <li>Special Equipment Needs: (We may be able to assist)</li> </ol>	
10. Special Skills Needed: (Can we help you find an individual with special skills?)	
11. Have you already raised funds? If so, how much?	
12. What is the amount of funds you are requesting for your iServe project?	
13. What date do you need funds by?	
	m, please complete the iServe Project Budget rksheet and submit both together.**
the PO and approval p	nitted, it takes a total of 6 weeks to go through process. Please make sure you have this form st 6 weeks before you need iServe funds!
To be completed by Missions Off	
	r:
signature of Missions Pasion.	
Date PO submitted:	
Date PO approved:	