Shiloh Baptist Church

"A Church Determined To Know Christ"

MINISTRY BUDGET PROPOSAL FORM

Date: _____

Year: _____ Total Amount Requested: $ _____

Name of Ministry: _____ Ministry Category: _____

Ministry Leader	Telephone Number	E-Mail Address

Assigned Deacon: _____

Purpose of Ministry: _____

Number of ministry members: _____ Ages: _____ (if applicable) Gender: _____ (if applicable)

Item Description	Explanation / Justification	Amount Requested	Month Required