

**State Department – Church of God in Christ**  
**Pre-Project Budget Planning**

State Event/Project Title: \_\_\_\_\_

Date Your Project Begins: \_\_\_\_\_

The Purpose/Objectives for Your State Event  
\_\_\_\_\_  
\_\_\_\_\_

Department (Auxiliary/Unit) Key Contact: \_\_\_\_\_

Will you be using funds from your State account (line item balance in the State COGIC account)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If “yes,” what is the amount of finance you anticipate needing from your State COGIC line item balance? \$ \_\_\_\_\_

If “no,” does the State Board of Trustee Chair have your Department’s bank account number on record?

Yes \_\_\_\_\_ No \_\_\_\_\_ If “no,” please indicate your account number \_\_\_\_\_

Are any other local, district, or state auxiliaries donating funds to this event?

Please indicate auxiliary name(s) and amount(s) to be donated.

Contact Name \_\_\_\_\_ Auxiliary \_\_\_\_\_ Amount \$ \_\_\_\_\_

Contact Name \_\_\_\_\_ Auxiliary \_\_\_\_\_ Amount \$ \_\_\_\_\_

If other departments/auxiliaries/units are assisting with this project, how will the profits be distributed among/between them?

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE SUBMIT THIS FORM 30 DAYS BEFORE THE  
DATE YOUR PROJECT BEGINS TO THE STATE ADMINISTRATOR,  
[sistahwp1018@gmail.com](mailto:sistahwp1018@gmail.com)**

**PLEASE NOTE**

Personal funds are not authorized for COGIC projects – no exceptions. Personal funds are considered “a donation.” Please indicate your understanding by initialing and dating this form below:

Please initial here: \_\_\_\_\_  
I understand

Date Form Completed: \_\_\_\_\_