

**SOUTHEAST REGION
ASSOCIATION FOR CLINICAL PASTORAL EDUCATION
PROJECT AND RESEARCH APPLICATION FORM**

(Requests for budget allocation for special projects and research are to be submitted to the Mission & Development Committee for review. Requests will then be decided upon by the Administrative Board in collaboration with the Budget Committee)

Request for: _____ **special project;** _____ **research;** _____ **other**

Center or Group: _____

Contact Person: _____

**Project/Research
Description:** _____

(submit abstract if a research request)

Budget Needed: _____

Justification: **Impact on SERACPE & ACPE:** _____

_____ **short term (one budget year)**

_____ **long term** **Estimated length:** _____

If long term, can the project become financially self sustaining?

_____ **yes** **Explain:** _____

_____ **no** **Explain:** _____

email or mail to: **Larry D. Wagoner, Chair, Mission & Development**
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