

**GRANT APPLICATION**

First Lutheran Church Mission Endowment Fund

107 Second Street SE

Aitkin, MN 56431

(218) 927-2028

Contact Pastor Doug or Pastor Jordan with questions.

**SEEDS OF HOPE FOR FAMILY MISSION**

**FIRST LUTHERAN CHURCH MISSION ENDOWMENT GRANT(S)**

**Total Available: \$1,500**

Purpose of the Grant(s) is to enhance FAMILY mission outreach of First Lutheran Church

**GRANT DEADLINE: MONDAY, APRIL 29, 2019**

**Grant(s) will be awarded on Mother's Day May 12, 2019**

Date Submitted: \_\_\_\_\_

**Church Ministry, Church Committee, Individual, or Organization Information**

*A Member of First Lutheran Church must be connected to the Applicant.*

1. Name of Ministry, Committee, Individual, or Organization \_\_\_\_\_

2. Address \_\_\_\_\_

3. Contact Person \_\_\_\_\_

4. Phone/Email \_\_\_\_\_

5. Is Applicant (circle one): Church Ministry      Church Committee      Individual

For Profit

Non-Profit

501c3, If non-profit

6. Describe the Applicant's connection to First Lutheran Church

7. Is this a new initiative? If yes, please explain. If no, please provide history.

8. How does this grant promote and support the Mission of Family that First Lutheran Church encourages?

9. Are the seeds from this grant a one-time project or an on-going effort?

10. Number of individuals, families or groups expected to be served by this seed money

11. Geographic area served

12. Number of volunteers involved

**Grant Request**

13. Amount Needed from Mission Endowment      for Total Project  
\$ \_\_\_\_\_ \$ \_\_\_\_\_

14. Will this Grant be used to create an expected financial return? If yes, how much?

15. When is funding needed? \_\_\_\_\_

16. Other funding sources and amount contributed

17. If an Organization, attach a copy of financial statements for three years (prior year's actual, current year's estimate and next year's budget)

Statement attached

*The information contained in this application is for the purpose of obtaining funding from the First Lutheran Church of Aitkin Mission Endowment Fund on behalf of the undersigned. We understand that the information is confidential, for the Committee's review only. The information provided is true and complete.*

Name of Ministry, Committee, Individual, or Organization \_\_\_\_\_

***By signing this application, I agree to appear in person on May 12<sup>th</sup> to receive my grant, if awarded. I also agree to provide a progress report to the Mission Endowment Committee and the Congregation of First Lutheran Church within 6 months of receiving my grant, if awarded.***

Signature (title) \_\_\_\_\_ Date \_\_\_\_\_

*The Grant Selection Committee has the discretion to award the \$1500 in a way that best carries out the Family Mission of First Lutheran Church. For example, one \$1500 grant may be awarded, three \$500 grants may be awarded, or some other combination of funding.*

