

**The St. John's Evangelical Congregation Endowment Fund
GRANT REQUEST FORM**

The purpose of this endowment fund is to enable St. John's Evangelical Lutheran Congregation to promote funding of specific needs that support its mission and ensure its financial stability. No grants made from the Endowment Fund can be used for St. John's normal operating expenses.

Submitting Committee: _____

Amount Requested**\$ _____

Name of Program: _____

Total Program Cost\$ _____

Committee Chair: _____

Other funding sources (outside of the operating budget) for program and amounts:\$ _____

Phone Number: _____

Recommended for approval by:

Applicant: _____ Date: _____

Minimum amount of funding needed to make the program viable in some Form*\$ _____**

Council or school board member: _____ Date: _____

Approximate month of program completion: _____

**For requests greater than \$1,000 please attach a copy of your budget.

***i.e., If the proposal cannot be funded at this level the program is not feasible

I. PROGRAM DESCRIPTION:

Describe the program and indicate when and where it will take place (please use dates):

II. PROGRAM GOALS & EVALUATION CRITERIA:

List the ways in which your request will be beneficial and constructive to our congregation's ministry.

III. TARGET AUDIENCE:

How many people will this program serve? How many congregation members? _____

IV. WHICH CATEGORY ARE YOU APPLYING FOR?

- a. **Missions & Ministries: local, regional, and worldwide** _____
- b. **Education: elementary, preparatory, college, and seminary** _____
- c. **Youth: support for youth of various ages** _____
- d. **Worship and Music: support for our congregation's worship life** _____
- e. **Capital Projects: major renovations and building of new facilities** _____

In case of any questions or need for more information please list a phone number or e-mail address and contact person._____

*****If approved, please submit a copy of a receipt or purchase order to receive payment.**

For Plan Giving Committee Use Only:

Recommendation:_____

Amount recommended:_____

Additional Information:_____
