

Partnership Support Grant Application Fiscal Year 2009

Name of Congregation _____

Mailing Address _____

City/State/Zip _____ Phone _____

ELCA ID Number _____ EIN # _____

Pastor's Name _____ Date _____

Amount of Current EOCM Grant, if any \$ _____

Region 1 Synod _____

Congregational Information

Need

- Explanation of need and how it relates to program category noted above:
- How does proposed ministry to be funded fit with Synod Mission Goals?
- What is the congregation's commitment to this proposal?

Objectives: List and describe the specific objectives to be achieved over the total grant period (e.g. month-by-month; year-by-year)

| Goal (What we want to accomplish) | Action Plan (How we plan to accomplish this goal) | We will know this goal has been accomplished when... |
|--|--|---|
|--|--|---|

Requested Amount of Grant

| | | | | | |
|--|-------------|-------------|-------------|-------------|-------------|
| Start Date of Grant is February 1 | 2009 | 2010 | 2011 | 2012 | 2013 |
| Amount of Grant Requested | _____ | | | | |
| Projected Date of Self-Support | _____ | | | | |

Detailed Budget Information

a. Revenue/income should list all sources

b. All expenses should be itemized

c. **Provide budgets for both the prior year (2008) and the start of the grant (2009).**

| | 2008 | Project 2009 | Projected 2010 | Projected 2011 | Projected 2012 |
|---------------------------------------|------|--------------|----------------|----------------|----------------|
| Baptized Membership | | | | | |
| Average Weekly Worship Attendance | | | | | |
| Income | | | | | |
| Congregational Giving | | | | | |
| Mission Partners | | | | | |
| Synod Funds | | | | | |
| Cluster/Conference | | | | | |
| Other (list) not DO proposed grant | | | | | |
| Total | | | | | |

Expenses

| | | | | | |
|--------------------------|--|--|--|--|--|
| Synod Benevolence | | | | | |
| Other Benevolence | | | | | |
| Office Expenses | | | | | |
| Programmatic Expenses | | | | | |
| Salaries and Benefits | | | | | |
| Property | | | | | |
| Loan Payments | | | | | |
| Total | | | | | |
| EOCM Grant Request | | | | | |

Approvals/Signatures

Church Council

Pastor

Transmittal Form

Please attach this completed form to the front of the grant application.

Name of Congregation _____

Cong ID # _____ EIN _____ Region 1 Synod _____

Mailing address

City _____ State _____ Zip _____

Phone _____ Pastor's Name: _____

E-mail _____

Current amount of EOCM Grant, if any \$ _____

Grant Activity # _____ Name _____

Signatures:

President/Vice President of Congregation

Date

Pastor

Date

Upon completion, please submit the original and 2 copies along with this Transmittal Form to the Synod Office within your Synod time-line.

Chair, Synod Outreach

Date

Mission Director

Date