

The Northeastern Pennsylvania Synod  
Evangelical Lutheran Church in America  
4865 Hamilton Boulevard  
Wescosville, PA 18106-9705

**WITNESS AND SERVICE TEAM GRANT APPLICATION**

\_\_\_\_\_  
Church/Organization/Group Name

\_\_\_\_\_  
Project Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Contact Person

\_\_\_\_\_

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Amount Requested

\_\_\_\_\_  
Grant Period

NARRATIVE

## WITNESS AND SERVICE TEAM GRANT APPLICATION

<b>Priority:</b>	<b><i>We will Renew Our Passion for Sharing the Good News</i></b>
<b>Outcomes:</b>	Check the outcome(s) your project addresses
_____	<i>Work to ensure that populations that may be ignored or excluded hear the Good News</i>
_____	<i>Provide a forum for moral deliberation and advocacy on issues of justice</i>
_____	<i>Challenge and support congregations in their engagement with their local communities for witness, outreach and social ministry</i>
_____	<i>Help congregations to participate in and share responsibility for ministry on a level beyond their local settings</i>
_____	<i>Encourage and assist congregations to be intentionally inviting, welcoming and hospitable</i>

### GOALS / OBJECTIVES:

Goals/Objectives	Anticipated Results

## WITNESS AND SERVICE TEAM GRANT APPLICATION

### Total Project Budget

Category	Description	Amount
	Total Project Budget	

If not obvious, indicate by \* which category(ies) this grant request is intended to cover.

### Other Sources of Anticipated Income

Description	Amount

What is the sponsoring/parent organization's total budget? \_\_\_\_\_

**NOTE:** If you are a non-congregational group or agency, include a brief organizational budget and an indication of your 501 C3 status.

## WITNESS AND SERVICE TEAM GRANT APPLICATION

Are you collaborating with any other groups or agencies in this project? If so, who are they and how are they involved?

Is this an ongoing project \_\_\_\_\_ or new project \_\_\_\_\_?

If ongoing, have you received a Witness and Service Grant previously?

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

If you were turned down previously for a Witness and Service Grant for this project, please indicate why.

If yes, please supply a grant history:

Year	Grant Request	Amount Received

Signature \_\_\_\_\_

Date \_\_\_\_\_

# WITNESS AND SERVICE TEAM GRANT APPLICATION

## INSTRUCTIONS

Use the form. Keep answers brief enough to fit the space allowed. If you want to include any additional information, attach it to the request.

Grant period: time period in which the money will be spent.

Page 1      Narrative

Provide a brief history and background of your organization or group, its members and organizational structure.

Page 2      Goals / Objectives

Provide a complete list of goals and objectives indicating how an outcome(s) will be achieved through the use of this grant.

List the anticipated results for each of the goals / objectives and how you plan to achieve the results through the grant.

Page 3      Proposed Budget for the Project

Category      List each type of expenditure classification you anticipate, such as but not limited to travel, contracted services, supplies, etc.

Description      Provide a brief description of the type of expenditure for each category, such as for travel, field trips, conferences.

Amount      Enter the anticipated expenditures for each category and total the proposed budget. The total should equal the amount you are requesting and amounts listed from other anticipated funding sources.

Anticipated  
Funding      List other funding sources for your project.

NOTE: If you are a non-congregational group or agency, include a brief organizational budget and an indication of your 501 C3 status.

Mail your application to: **Witness and Service Ministry Team**  
**The Northeastern Pennsylvania Synod**  
**4865 Hamilton Boulevard**  
**Wescosville PA 18106-9705**

Indicate on the outside of your envelope: **“Grant Application”**