

Worship And Spirituality Ministry Team Grant Application

CONTACT INFORMATION

Organization / Group Name

Contact Person

Address

Phone Number

Amount requested

Grant period

NARRATIVE

Indicate which of the bulleted outcomes from the cover sheet your project will address. Then, provide a brief description of how the outcome will be addressed.

GOALS / OBJECTIVES

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

PROPOSED BUDGET

Description of Expense

Estimated cost

**PROPOSED
BUDGET
(CONT.)**

_____	_____
_____	_____
_____	_____
_____	_____

Total estimated cost

**OTHER
FUNDING**

List any other anticipated sources of funding.

_____	_____
_____	_____
_____	_____
_____	_____

Total other sources

EVALUATION

Describe how you will evaluate this project. *Within one month of the completion of your project, please forward a copy of your evaluation to the Worship and Spirituality Ministry Team.*

MAIL TO:

When this application is complete, please mail to:

**Worship and Spirituality Ministry Team
The Northeastern Pennsylvania Synod
4865 Hamilton Blvd.
Wescosville, PA 18106-9705**

Indicate on the outside of your envelope: "Grant Application"

SIGNATURE

Signature of authorized representative of organization

Date

Thank you for sharing our priority of deepening our relationship with God.