

The Northeastern Pennsylvania Synod  
Evangelical Lutheran Church in America  
2354 Grove Road  
Allentown, PA 18109-3044

**WITNESS AND SERVICE TEAM GRANT APPLICATION**  
(revised 05-2020)

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

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

\_\_\_\_\_  
Address

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

\_\_\_\_\_

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

\_\_\_\_\_

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

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

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

*Note: Grant amount typically does not exceed 1/3 of total project budget  
and is limited to \$3,000 for a single applicant or \$5,000 for a collaborative project*

**NARRATIVE DESCRIPTION OF THE ORGANIZATION AND PROJECT**  
use additional sheets, if needed

\_\_\_\_\_

## WITNESS AND SERVICE TEAM GRANT APPLICATION

### **Synod Priority: We will Renew Our Passion for Sharing the Good News**

*Your project must address at least one of these outcomes. Check the outcome(s) the project addresses.*

- Work to ensure that populations that may be ignored or excluded hear the Good News*
- Provide a forum for moral deliberation and advocacy on issues of justice*
- Challenge and support congregations in their engagement with their local communities for witness, outreach and social ministry*
- Help congregations to participate in and share responsibility for ministry on a level beyond their local settings*
- Encourage and assist congregations to be intentionally inviting, welcoming and hospitable*

### **GOALS / OBJECTIVES:**

<u>Goals/Objectives</u>

<u>Anticipated Results</u>

# WITNESS AND SERVICE TEAM GRANT APPLICATION

## Total Project Budget

<u>Category</u>	<u>Description</u>	<u>Amount</u>

*If not obvious, mark with an asterisk (\*) which category(ies) this grant request is intended to cover.*

**Total Project Budget**      \$ \_\_\_\_\_

## Other Sources of Anticipated Income

<u>Description / Source</u>	<u>Amount</u>

**Total:** \$ \_\_\_\_\_

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

*NOTE: If you are not a congregational group or agency, please include a brief organizational budget and an indication of your 501c3 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 \_\_\_\_\_?

*Note: priority is given to new projects and to those with collaborative partners – e.g., a cluster of congregations, Lutheran or ecumenical, or partnership with community groups.*

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

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

*Note: Projects will be funded for a maximum of 3 years*

If yes, please supply a grant history:

<u>Year Grant Request</u>	<u>Amount Received</u>

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

Contact Person Signature \_\_\_\_\_ Date \_\_\_\_\_

# WITNESS AND SERVICE TEAM GRANT APPLICATION

## INSTRUCTIONS

**Page 1**      **Grant period:** This is the time in which the money will be spent.

**Narrative:** Describe briefly your organization or group and of the project. Please keep narratives brief. Since this form cannot be completed on line, type out your answers in a Word document and paste them into the form.

**Page 2**      **Goals/Objectives:** Provide a complete list of goals and objectives indicating how the ministry team outcome(s) will be achieved through 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 mileage reimbursement, materials, food, etc.

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

**NOTE: Expenditures should not include staff positions, capital expenses, use of church property, utilities, etc. Grants do not fund tuitions to preschools, after school programs, or camps.**

Anticipated  
Funding      List all 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 501c3 status.**

**Page 4**      Please list all other church groups, community organizations, schools, and businesses you are collaborating with for this project whether or not they are providing funding. Tell how they are involved.

**Paste narrative sections from your Word document on to this form and scan as a pdf. Attach your completed form to an email to: [info@nepsynod.org](mailto:info@nepsynod.org) or**

Mail your application to:      **Witness and Service Ministry Team  
Lutheran Center in Northeastern Pennsylvania  
3254 Grove Road, Allentown, PA 18109-3044**

Indicate **“Grant Application”** on the outside of the envelope or in the subject of your email.