

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



WITNESS & SERVICE GRANT APPLICATION

(revised 10-2024)

Church/Organization Name: _____

Church/Organization Address: _____

City

State

Zip code

Contact Person Name: _____

Contact Phone Number: _____

Contact Email address: _____

Project Name: _____

Project Start date: _____ Duration of project: _____

Is this project: an ongoing project OR a new project

How soon funds are needed: by Project start date 2 weeks before Project start date
 1 month before Project start date immediately!

NOTE: Priority is given to new projects and to those with collaborative partners – e.g., a group of congregations, Lutheran or ecumenical, 6261 Ministry Communities, or partnerships with community groups.

\$ _____

Amount Requested

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. 6261 Ministry Communities may apply for up to \$5,000 for projects that are shared across the 6261 Ministry Community.

NARRATIVE DESCRIPTION OF THE ORGANIZATION AND PROJECT

Please give a brief description of your congregation/organization and include a Mission Statement if possible.

Please give a brief description of your project and how you plan to use the Witness & Service grant funds.

Project Partners: Are you collaborating with any other congregations, groups, organizations, or agencies for this project? If so, who are they and how are they involved?

Synod Priorities: NEPA Synod Values and 3 Strategic Lanes for Sharing the Good News

Your project must address at least one of these Synod priorities. Check the box(es) that your project addresses.

Growing Young – prioritizing young people and intentionally lifting up young people into leadership roles

Gaining Strength – assisting leaders and congregations to identify and build upon strengths, especially in partnership/collaboration with other congregations, ecumenical partners, or non-profit ministries

Going Beyond Death to Life – participating in transformational ministry inside or outside the Church walls that bears witness to the resurrection of Jesus Christ

Loving the Land – advocating for or living out sustainable methods to live in harmony with God’s creation

Healing the Hurts – addressing vulnerable needs within the community, such as local, national, or global issues of injustice (racial injustice, hunger, housing, violence, religious trauma, etc.)

Engaging the Stranger – working to ensure that populations who may be typically ignored or excluded, hear the Good News and are welcomed as beloved children of God

GOALS / OBJECTIVES:

Goals/Objectives

Anticipated Results

FULL PROJECT BUDGET

Anticipated Expenses

<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 congregation's/organization's total budget? \$ _____

NOTE: If you are not a congregation, please include a brief organizational budget and an indication of your 501c3 status.

GRANT HISTORY

Have you received a Witness & Service Grant previously?

___ Yes, for this project ___ Yes, for a different project ___ No

NOTE: Projects will be funded for a maximum of 3 years.

If yes, please supply a Witness & Service grant history:

<u>Year Grant Requested</u>	<u>Name of Project</u>	<u>Amount Received</u>

If you were previously turned down for a Witness & Service Grant for **this** project, please indicate why in the space below.

Contact Person Signature _____ Date _____

WITNESS & SERVICE TEAM GRANT APPLICATION INSTRUCTIONS

If you prefer, you can type up your answers in a Word document and then copy and paste them into the PDF application form. You may also need to download the blank PDF application and save it before filling it in (and saving a second time).

- Page 1** **Project Start date:** This is the date when you plan to begin your project.
- Duration of project:** This is the anticipated time it will take to complete your project, and the time in which the grant money will be spent.
- How soon funds are needed:** Please indicate how soon you will need any grant money awarded. The Witness & Service team will try its best to accommodate urgent needs but cannot guarantee it.
- Page 2** **Narrative:** Describe briefly your congregation, organization, or group and the project. Please keep narratives brief.
- Project Partners:** Please list all other congregations, church groups, community organizations, schools, non-profits, and businesses you are collaborating with for this project – regardless if they are providing funding or not. Share how they are involved, supporting, or connected to this project.
- Page 3** **Synod Priorities:** Check all the Synod priorities that your project will address through this grant. For more information on the NEPA Synod Values and 3 Strategic Lanes, please see the “NEPA Synod 3 Lanes and Values flyer” on the Witness & Service webpage: www.godslove.org/witness-service
- Goals/Objectives:** Provide a complete list of goals and objectives, also indicating how the Synod priority(ies) will be met through this project. List the anticipated results for each of the goals/objectives and how you plan to achieve those results through this grant.
- Page 4** **Anticipated Expenses:**
- 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 cost for each corresponding expenditure (for each category).
- Total Project Budget:** Add up all of the costs listed in the “Amount” column and list that sum for your total project budget. The total should equal the amount of grant funds you are requesting plus the “Total” from the amounts listed for “Other Source of Anticipated Income.”

NOTE: Expenditures should not include staff positions, stipends for volunteers, capital expenses, capital campaigns, use of church property/utilities/rent, or fundraisers. Witness

& Service grants do NOT fund tuition or scholarships for preschools, after school programs, or camps.

Other Sources of Anticipated Income:

Description/Source: List all other funding sources for your project. Mark any other grants for which you have applied but not yet received as “pending.”

Amount: Enter the anticipated funding/income for each corresponding source listed.

Total: Add up all of the costs listed in the “Amount” column and list that sum for your total.

Sponsoring/parent congregation’s/organization’s total budget: Please list the total annual budget for the congregation/organization submitting the grant. If you have a large annual budget with different major subsections, and this project is only eligible under a certain subsection, you can also list the total for that subsection. If you have multiple congregations involved (such as a 6261 Ministry Community) you can either share a collective total or can list out each congregation’s individual annual budget.

NOTE: If you are a non-congregational group, organization, or agency, include a brief organizational budget and indication of your 501c3 status. Please attach a copy of your 501c3 determination letter to your grant application.

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Grant History: If you were previously turned down for a Witness & Service grant for **this** project, please briefly share why you were turned down and how the project has shifted to address those concerns. Feel free to share any other helpful information such as why you believe your grant should be approved at this time.

Signature & Date: Please make sure to sign and date your application!

UPON COMPLETION: Please save your completed application as a PDF and attach it to an email to: grants@nepsynod.org

OR mail your application to: Attn: Witness & Service Ministry Team
NEPA Synod
2354 Grove Road
Allentown, PA 18109-3044

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