

**OTHER GRANTS REQUEST FORM**

Outreach Project/Ministry Name: \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Request submitted by:

Name \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Congregation, Agency or

1. Description

a. Purpose or objective of project/ministry:

b. Background:

*(Briefly provide information considered in developing the program request. The background may include the people to be served, resources already available, and any other information that would help others understand the discernment process that led to this request.)*

c. Planned actions and timeline to achieve purpose or objectives:

d. Person/position responsible for oversight of project/ministry:

*(It is expected that this person will ensure that updates are provided to the Mission Endowment Committee)*

e. Missional partners (people or organization for this project/ministry):

*(These may be people who are active participants in the project/ministry to provide support or guidance, or who are aware and prayerfully supportive. These may be people that you have already contacted or who you will contact. It is not necessary to list all individuals, but please provide sufficient information that the breadth of any partnerships is indicated.)*

2. Funding

a. Total program budget:

b. Matching or other funds:

c. Total endowment request:

3. Further information which may help with the consideration of this request.

I hereby certify that the above is true and an accurate statement of the information required for this request. I agree that I will write a brief summary of the ministry for which these funds were used and submit it, along with pictures to the Endowment Committee, for the purpose of sharing the story about the work of the mission endowment committee.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail to: Mission Endowment Fund CSS  
420 W. 14<sup>th</sup> St. Suite B  
Kansas City, MO 64105

E-Mail to: Administrator@css-elca.org