

Fostering Healthier Congregations Grant Application – Cover Page

Request Date			
Member Congregation			
Address			
City, State, Zip			
Telephone		Fax	
Pastor			
Pastor's Email			
Congregation Website			
Grant Contact			
Grant Contact Telephone			
Grant Contact Email			

Required Signatures:

Pastor

Printed Name

Congregation Chairman

Printed Name

These signatures certify that this grant application has been approved by your congregation.

Please submit a separate Request Form for each proposed initiative. Note that only one Grant Application Cover Page is needed (even when accompanying multiple Request Forms.)

Submit a copy of the completed application to:

Attn: Fostering Healthier Congregations
The Lutheran Foundation
3024 Fairfield Avenue
Fort Wayne, IN 46807

Request Form

Amount Requested _____

~~F~~~~A~~ brief statement describing the initiative proposed.

~~G~~~~A~~ What is the desired outcome or goal?

~~H~~~~A~~ What staff and volunteers will be required to accomplish the desired goal?

~~I~~~~A~~ What is the projected total cost of the initiative?

~~J~~~~A~~ Explain how the initiative will demonstrate the compassion of Christ.

~~K~~~~A~~ How will this grant strengthen your congregation?

~~L~~~~A~~ How will it help your congregation make Christ known in your community?

~~M~~~~A~~ Why is Foundation funding necessary to accomplish the desired goal?