

**Extended Ministries Endowment Fund  
of Faith Lutheran Church, Rosholt, WI  
Grant Application 2024 – 2025**

**Counties/Areas Served:**

**Ministry Fund Area:** *(Check only those that apply)*

- Community Outreach/Local Ministries (eligible applicants include local community groups and non-profits serving in the central Wisconsin area)\_\_\_\_\_
- ELCA Synod/State-wide Ministries (applicants limited to Synod or other statewide ministries)\_\_\_\_\_
- Ministries of the ELCA (eligible applicants include seminaries, colleges or students attending such institutions, missionary support, ELCA nationwide/worldwide ministries – poverty, women, youth, disability, etc. or relief efforts such as Lutheran World Relief and Lutheran Disaster Relief)\_\_\_\_\_
- Faith Lutheran Church-New Ministry Initiatives (Faith Lutheran Church- Pastor, Council, Committee/ Group, or Member applicants only. Funds available for new initiatives - youth programming, worship/praise teams, special music or programs, etc. or start-up funds for a new staff position)\_\_\_\_\_

**Grant Request:**

- Name of Program/Project: \_\_\_\_\_
- Amount Requested: \$ \_\_\_\_\_
- Total Project Budget: \$ \_\_\_\_\_ Total Annual Organization Budget: \$ \_\_\_\_\_
- Time Frame for Project (project period): \_\_\_\_\_

\*Grants *generally* range from \$500 - \$2,000.

**Organization Information:** *(If selected, this will be used in the "payee" section of any grant award check payment)*

Organization Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Federal EIN #** \_\_\_\_\_ **State Tax Exempt #** \_\_\_\_\_

(Please include a copy of your Federal IRS letter of determination and State tax exempt documents)

**Please select one:**

\_\_\_\_\_ **Non-Profit Organization** \_\_\_\_\_ [Ex. 501(c)(3), 501(c)(7)]

\_\_\_\_\_ **Established Community Program/Project**

**Authorization:**

The undersigned, an authorized representative of the organization or program/project, does hereby certify that the information set forth in this grant application is true and correct.

\_\_\_\_\_  
*Name - Please Print*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature (Electronic signature accepted)*

Application Materials should be directed to: Faith Lutheran Church, 253 S. Main St., P.O. Box 6, Rosholt, WI 54473-0006 or [faithnhope@wi-net.com](mailto:faithnhope@wi-net.com) , ATTN: Extended Ministries Endowment Committee. **Deadline for submission: Tues. Nov. 5, 2024.**

## **GRANT SUMMARY**

**Please Provide a Brief Description Explaining Your Grant Request in 150 Words or Less**

## **GRANT NARRATIVE**

**Please respond to the following questions on a separate page.** *(Keep Answers Brief & Concise)*

1. How is your grant request relevant to the Ministry Fund(s) for which you are applying?
2. How many people will be served by your project?
3. What impact will your project have on individuals or the community?
4. What are the resources (financial, personnel/volunteers, experience) in place to carry out your project? If not fully funded, how will your project proceed?
5. What are your project goals, objectives and evaluation criteria?
6. How did you hear about us?

**GRANT BUDGET**

**Project:**

Income (from all sources – list):

Total Revenue \$\_\_\_\_\_

Expenses (include personnel, equipment, supplies/materials, etc., as applicable):

Total Expenses \$\_\_\_\_\_

Unfunded Balance \$\_\_\_\_\_

# Terms of Grant Agreement

Project Name:

Organization Name:

Address:

City:

State:

Zip:

***Grant applicants must return this signed agreement to Faith Lutheran Church in order for funds to be payable if selected to receive a grant.***

The Extended Ministries Endowment Fund (EMEF) Committee has awarded funding for the above named project.

This grant is made only for the purposes stated and it is understood that these grant funds will be used in accordance with the program and budget data submitted to the EMEF Committee. No substantial variances will be made from the proposed grant use as defined by that budget without the EMEF Committee's prior knowledge and approval. The grant recipient understands and consents that any grant funds not expended under the conditions of the grant will be returned to the Extended Ministries Endowment Fund.

Grant recipients receiving \$1000 or more agree to submit a **Summary Report** to the EMEF Committee indicating how the funds were spent and what impact the project had. **The Summary Report must be submitted on or before January 6, 2026. The EMEF Committee may not consider future grant proposals from prior grantees who did not submit the required Summary Report.**

The Endowment Committee will include information about this grant in its periodic reports and may also refer to the grant in press releases. The grant recipient likewise agrees to mention the Extended Ministries Endowment Fund grant in their press releases.

**The above terms are accepted by:**

\_\_\_\_\_  
Name - Please Print

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Electronic signature accepted)

## GRANT APPLICATION CHECKLIST

**All Grant Requests must contain the following:**

**MASTER Original Packet and (4) Copies (\*Note if sending electronically only one copy of all items in packet is needed.)**

**Packets must contain:**

A completed **Grant Application Form** *(Signed and dated by applicant)*

A completed **Grant Summary & Narrative** *(Please see above)*

A completed **Grant Budget** showing revenues and expenses

A completed **Terms of Grant Agreement** *(Signed and dated by applicant)*

A copy of your Federal IRS letter of determination and State tax exempt documents, if applicable

All grant applicants will be notified of the status of their application by January 31, 2025. Grants awards will be distributed by the end of February, 2025.