

New Ministry Initiative Matching Grant Application

Indiana District–LCMS Outreach Division

The New Ministry Initiative Matching Grant [maximum of \$100,000 per applicant] is given with the intention of assisting Indiana District congregations, Indiana RSOs, and Indiana District circuits with new outreach efforts in their communities.

Applicants must have the name Lutheran and identify themselves as LCMS in their name and advertisement or they will not receive a grant. Grant applicants will be screened by the Council for Congregational Outreach. Final approval of the grant will be vested in the Indiana District–LCMS Board of Directors.

A requested grant must be matched one to one by the applicant body. Of the matching amount, at least 75% must come from within the applicant body and the other 25% may come from another source. Please make sure that you have raised an amount equal to at least 75% of the amount of money you are requesting and have it deposited in a bank account before applying for a grant. Be prepared to provide proof of the money that has been raised upon request.

Grant requests will only be considered at regularly scheduled CFCO meetings. Applications need to be received by the Indiana District Outreach Executive's office by December 1, March 1, or August 1 for consideration at the next meeting.

Procedures for Application:

- a. New Ministry Initiative Matching Grant applications may be submitted by RSOs of the Indiana District, congregations of the Indiana District, and circuits of the Indiana District.
- b. Applications may be submitted in paper or electronically.
- c. The Council for Congregational Outreach will screen all grant applications. The final approval of the grant will be vested in the Indiana District–LCMS Board of Directors.
- d. The monies granted must be used as specified in the grant application. Any changes to the usage must be resubmitted to the Board of Directors for final approval before the changes are made.
- e. Only one New Ministry Initiative Matching Grant will be awarded per grantee.

Application Checklist

- Cover letter
- Cover sheet
- Proposal narrative (See narrative guidelines below)
- Organization/Project budget
- Financial statements, preferably audited, showing actual expenses including the following
 - Balance sheet
 - Statement of activities (income and expenses)
 - Statement of functional expenses
- List of additional funders
- List of board members and their affiliations
- Brief description of key staff

Contact: Rev. Geoffrey L. Robinson, 1-800-837-1145 Ext 2208, E-mail: geoff.robinson@in.lcms.org

New Ministry Initiative Matching Grant Cover Sheet

Name of requesting body (bodies):	
Contact Person:	Phone:
E-mail:	Alternate Phone:
City:	
State and Zip Code:	
General operating support:	Start-up costs:
Capital:	Other (specify):
Total Amount Requested: (maximum of \$100,000):	
Please include a two to three sentence summary of your request.	
Population and geographic area served:	

Authorization of Local Authorities

The signatures of the following are needed in order for this application to be considered by the Council for Congregational Outreach of the Indiana District – LCMS. They will be contacted if clarification is required.

Organizational Representative

Date

Chairman of Congregation

Date

PROPOSAL NARRATIVE

I. Organization Information

- A. Brief summary of organization history, including the date your organization was established.
- B. Brief summary of organization mission and goals.
- C. Brief description of organization's current programs or activities, including any service statistics and strengths or accomplishments. Please highlight new or different activities, if any, for your organization.
- D. Your organization's relationship with other organizations working with similar missions. What is your organization's role relative to these organizations?
- E. Number of board members, full-time paid staff, part-time paid staff and volunteers.

II. Purpose of Grant

A. Situation

- 1. The opportunity, challenges, issues or need and the community that your proposal addresses.
- 2. How that focus was determined and who was involved in that decision-making process.

B. Activities

- 1. Overall goal(s) regarding the situation described above.
- 2. Objectives or ways in which you will meet the goal(s).
- 3. Specific activities for which you seek funding.
- 4. Who will carry out those activities?
- 5. Time frame in which this will take place.
- 6. How the proposed activities will benefit the community in which they will occur, being as clear as you can about the impact you expect to have.
- 7. Long-term funding strategies (if applicable) for sustaining this effort

III. Evaluation

- A. Please describe your criteria for success. What do you want to happen as a result of your activities? You may find it helpful to describe both immediate and long-term effects.
- B. How will you measure these changes?
- C. Who will be involved in evaluating this work (staff, board, constituents, community, consultants)?
- D. What will you do with your evaluation results?

Attachments

The following attachments are generally required.

1. Finances

- a. Most recent financial statement from most recently completed year, audited if available, showing actual expenses. This information should include a balance sheet, a statement of activities (or statement of income and expenses) and functional expenses.
 - b. Organization budget for current year, including income and expenses.
 - c. Project Budget, including income and expenses (if not a general operating proposal).
 - d. Additional funders. List names of corporations and foundations from which you are requesting funds, with dollar amounts, indicating which sources are committed or pending.
- 2. List of board members and their affiliations.
 - 3. Brief description of key staff, including qualifications relevant to the specific request.
 - 4. A copy of your current IRS determination letter (or your fiscal agent's) indicating tax-exempt 501(c) (3) status.

Organization / Project Budget

This format is optional and can serve as a guide to budgeting. If you already prepare an organization budget that contains this information, please feel free to submit it in its original form. Feel free to attach a budget narrative explaining your numbers if necessary.

INCOME

Source	Amount
<i>Support</i>	
Individual contributions	\$
Fundraising events and products	\$
Membership income	\$
Investment income	\$
Other (specify)	\$
	\$
<i>Revenue</i>	
Other (specify)	\$
	\$
Total Income	\$

EXPENSES

Item	Amount
Salaries and wages	\$
Insurance, benefits, and other related taxes	\$
Consultants and professional fees	\$
Travel	\$
Equipment	\$
Supplies	\$
Printing and copying	\$
Telephone and fax	\$
Postage and delivery	\$
Rent and utilities	\$
In-kind expenses	\$
Depreciation	\$
Other (specify)	\$
	\$
Total Expense	\$
Difference (Income less Expense)	\$