

2021 Mission Grant Application

LCMS Kansas District

Submission Deadline: September 18, 2020



Project Title: _____

Congregation/Organization Name: _____

Address: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Instructions to Applicants: To be eligible for a mission grant, please answer the following questions and provide the requested information. Grant requests may be fully funded, partially funded, or denied, based on information available on the grant application as well as availability of funding, which is limited. Traditionally, the Board of Missions has not awarded grants to fund salaries, construction of buildings, or other capital improvements. However, short-term exceptions have been made on occasion. If you have questions about your project or application, please contact Rev. Dan Galchutt at the District Office at 785-357-4441, ext. 222 or dangalchutt@kslcms.org.

PART I: PROJECT DESCRIPTION

Brief Summary

In one or two sentences, describe your missions project.

Project Rationale

Why THIS project? How will it enhance your particular ministry? More broadly, how will it help you carry out the mission Christ has given His Church?

Project Goals and Plan Particulars

*Identify **up to 3 SPECIFIC goals** that you have for this project. What do you hope to accomplish? How will you get there? **List SPECIFIC action steps**, including timelines. (E.g., “We plan to make door-to-door visits to everyone in a 5-block radius by the end of December.”)*

GOAL 1:

Action steps to achieve goal 1 (include timeline)

GOAL 2:

Action steps to achieve goal 2 (include timeline)

GOAL 3:

Action steps to achieve goal 3 (include timeline)

Evaluation

Describe your plan for project assessment. How will you evaluate your progress? What will you do with that information?

PART II: PROJECT BUDGET

Grant Amount Requested for Fiscal Year 2021: _____

Anticipated Expenses

Identify all expenses associated with this project (e.g., materials, travel, labor, food, etc.). Also, please attach a budget of your congregational ministry along with the Mission Grant application.

PART III: PROJECT SUPPORT

1. What partners (if appropriate) have been identified to assist in supporting this ministry project?

2. What quantifiable level of commitment are members of the congregation/organization/partner(s) willing to pledge to the mission/ministry/project?

- ❖ Number of hours: _____
- ❖ Pledging amount: _____
- ❖ Ministry gifts committed by your members: _____

3. What additional sources of support/income beyond the District grant are available to support the project?

4. What funding streams will be developed to ensure the continued viability of the project (if applicable)?

5. Please indicate the mission support (commitment/pledge) directed to District/Synod from your congregation in the last fiscal year.

- ❖ Dollar amount committed: _____
- ❖ Representing % of income: _____

Total annual income to your congregation or organization: _____

Return this application (along with your budget, if it's in a separate document) to:

**LCMS Kansas District
ATTN: Janet Powell
1000 SW 10th Ave.
Topeka, KS 66604-1104**

Scan/email: janet@kslcms.org

Deadline: Friday, September 18, 2020

**Applicants will be notified
of award decisions in
November.**