****

**2025 LCEF Outreach Ministry Grant Application**

**LCEF Mission Statement**: To support the Church in fulfilling its mission of sharing the Gospel of Jesus Christ by being Christ-centered servant partner of the LCMS, ensuring that funds and services are available now and in the future.

**-QUALIFICATIONS- \* BRIEF NARRATIVE (one page maximum) -** (Required for grant consideration)

Applicants must conduct a specific local outreach/evangelism program, activity, or event within one calendar year of receipt of this grant. **\*NOTE\*** **There will be a limit of one (1) application per congregation, school, or Recognized Service Organization**

**\*Narrative should include:**

 -Description of outreach ministry event/project

-How your members will be involved

-Anticipated results/impact and how this will be measured

-Plans for follow-up with those served

 -Partnerships created and what those partners bring to the table

**EMAIL** APPLICATION along with \*BRIEF NARRATIVE (one page maximum) by June 13, 2025, to: tami@kslcms.org

**OR MAIL** (postmarked by June 13, 2025) to: LCEF Kansas/Oklahoma District

 Attn: Tami Lierz

1000 SW 10th Avenue

Topeka, KS 66604

**Church/School/Organization:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title of Outreach Ministry Project:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grant Dollars Requested (UP TO $500): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grant Contact Person Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Should our congregation/organization receive this award, I certify that the funds will be used for the event or ministry described in the grant application and completed by June 30, 2026, and that the application reflects the goals of the LCEF mission statement as listed above.

**DATE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SIGNED**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Printed Name & Title

**LCEF Advocate’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Every LCEF Kansas/Oklahoma District congregation should be served by their own LCEF Advocate. If you do not currently have a member serving as a Congregational Advocate, please contact Tami Lierz at tami@kslcms.org

or 785-357-4441 ext. 5001 with suggested names for your congregation advocate.