

**SOS Grant Application**

**CONTACT INFORMATION**

NAME \_Click or tap here to enter text.

EMAIL \_Click or tap here to enter text.

ADDRESS Click or tap here to enter text.

CITY Click or tap here to enter text. ZIP CODE Click or tap here to enter text.

PHONE NUMBER (S) Click or tap here to enter text.

CONGREGATION NAME AND ADDRESS Click or tap here to enter text.

WHAT IS THE BEST WAY TO REACH YOU IF THE SOS GRANT COMMITTEE NEEDS MORE INFORMATION TO PROCESS YOUR REQUEST? Choose an item.

**GRANT REQUEST INFORMATION**

1. What amount are you requesting? Click or tap here to enter text.
2. Please provide a detailed description of the ministry you wish to start.

 Click or tap here to enter text.

1. Explain who will benefit from this ministry. How will it serve God’s purpose?

 Click or tap here to enter text.

1. Please outline your budget and explain each cost.

 Click or tap here to enter text.

1. If a grant is awarded, how will it be spent?

 Click or tap here to enter text.

1. What is your ministry timeline? Please estimate the following phases:

Planning and set-up: Click or tap here to enter text.

Start up: Click or tap here to enter text.

1. What are the goals of your ministry? How do you plan to meet them?

 Click or tap here to enter text.

1. What are the challenges to accomplishing the ministry goals?

Click or tap here to enter text.

1. Explain how you will measure success or demonstrate the ministry’s impact?

Click or tap here to enter text.

1. What is your desired start date?

Click or tap to enter a date.

1. Please provide information about who will be involved in this ministry. Congregation? Community volunteers? Other organizations?

Click or tap here to enter text.

1. Who will lead this ministry project through the planning and set up stage? Who will oversee the work of this ministry after starting up?

Click or tap here to enter text.

1. Provide any other relevant information to support your request for a grant. Thank you.

Click or tap here to enter text.

**IMPORTANT INFORMATION**

The SOS Grant Committee may have questions about your request and will contact you.

If a grant is awarded, the SOS Grant committee and the Board of the NC WELCA require that you send a status report within nine (9) months of receiving the funds.

All grant funds not used within one (1) year of receipt must be returned to the NC WELCA Treasurer.

Each January the NC WELCA Board will determine the amount of money available for grants during that year, amount of funding available, and probability of the new ministry being successful.

The size of each grant is the decision of the SOS Grant Committee and will be based on the volume of requests

Applications from a Lutheran congregation member (or community member with Lutheran congregation member sponsor) will be accepted for review anytime and will be considered by the SOS Grant Committee within three (3) months of submission. The decision of the SOS Grant Committee is final.

If a grant is awarded, it is your responsibility to contact the mentor provided for support and information as the ministry gets started.

**I understand and agree to the follow the information and requirements above.**

 **Signature of applicant Click or tap here to enter text.**

**Signature of sponsor (if the applicant is not a member of a Lutheran congregation**

 **Click or tap here to enter text.**

Email your completed application to: Deweinel@gmail.com or mail to: Debra Weinel, 1612 Sherburg Ct, Raleigh, NC 27606