



Northern Illinois Synod

of the Evangelical Lutheran Church in America

103 West State Street
Rockford, IL 61101-1105
www.nisynod.org

815-964-9934
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welcome@nisynod.org

Social Ministry Committee Grants

INTRODUCTION

The Social Ministry Committee of the Northern Illinois Synod of the Evangelical Lutheran Church in America wishes to thank you for this potential opportunity to be of Christian service through your congregation or group.

As a way of introduction, the Social Ministry Committee is a Northern Illinois Synod committee whose members, for the most part, are elected for three year terms on a staggered basis at each Synod Assembly. The following Mission Statement summarizes the function of the Committee:

To inspire and empower the people of the Northern Illinois Synod to Make Christ Known by expressing God's love through compassion, justice, and service.

Each year, the Committee is given funding (which varies in amount on a year-to-year basis) by the Synod for fulfilling the Committee's mission. This grant process is the Committee's way to make a best effort at getting this funding into the hands of congregations or groups where the funds can be converted into meaningful Christian expressions of compassion, justice, and service.

CRITERIA FOR AWARD OF GRANTS

When reviewing grant applications, the Committee looks for a project that:

- Addresses the social ministry priorities of the Northern Illinois Synod.
- Is related to a ministry of the Northern Illinois Synod (congregation / agency / institution)
- Has a sound Lutheran theological basis from concept through implementation.
- Does the best possible job of combining ministry, service, education, and advocacy to and for those in need.
- Focuses on empowering over maintaining.
- Shows a long-term impact on reducing or eliminating the primary need.
- Could become a model for others who wish to deal with reducing or eliminating the same need.
- Shows a broad range of sources of financial commitment to achieve the goal.
- Will be directed with sound financial care.
- Will be summarized with proper documentation of expenditures, of use other resources, and of achievements.

APPLICATION PROCESS

Applications can be submitted at any time, but the new budget year begins each February 1. The potential exists for the funding to be completely allocated by late in the budget year. Complete the application that follows on the next two pages and submit the completed application to the address on the bottom of the second page of the application.

For those who can open a Microsoft Word document and are well versed with this program, feel free to delete the answer lines and type in your answers with the **bold** or underlining function on.



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Social Ministry Committee Grant Application Form

Applications Received by December 1 or August 1 will be reviewed within about 60 days.

APPLICANT

Name of Requesting Congregation or Group: _____

Street Address: _____

City, State, Zip Code: _____

Name of Contact Person: _____

Contact's Telephone Number & E-Mail Address: _____

Relationship to the NIS of the ELCA: _____

Signature of Pastor/Group President/Chairman: _____ Date: _____

GRANT PURPOSE

1. What project will the money be used for? _____

2. What need is being met? _____

3. Who will benefit? (Quantity & Description) _____

4. How many people will be involved in organizing and carrying out this project? _____

5. Approximately how many total hours will organizing and carrying out this project take? _____

6. What training do those carrying out the project have? _____

7. Is this a reoccurring expense? _____ If "Yes", how often? _____ For how long? _____
(Yes or No) (times per year) (years or "indefinitely")

8. How does this project further the Social Ministry of the Northern Illinois Synod of the ELCA?

9. Attach a one-page (maximum) narrative describing this project and group.

GRANT COST

- 1. How much money is being requested? \$ _____
- 2. What is the total cost of the project? \$ _____
- 3. What are the top four expenditures? (If four or fewer, list all)

<u>Item or Service</u>	<u>Cost</u>	<u>Reason for Need</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
All Other Items or Services	\$ _____	
TOTAL COSTS		\$ _____ (should match Item 2 above)

- 4. What are the top three other sources of funding that will be used? (If three or fewer, list all)

<u>Source</u>	<u>Funding</u>	<u>Certainty</u> (circle one)
_____	\$ _____	Requested Pledged Provided
_____	\$ _____	Requested Pledged Provided
_____	\$ _____	Requested Pledged Provided
All Other Sources	\$ _____	
TOTAL FUNDS		\$ _____

GRANT IMPLEMENTATION

- 1. When will the money be needed? _____
- 2. Grant check should be payable to: _____
- 3. Grant should be sent to: Name: _____
Address: _____
City, State, Zip Code: _____
- 4. Person responsible for grant: _____ Tel. _____
(This person will certify proper expenditure of grant money and will send a financial report with copies of receipts to the Social Ministry Committee within 30 days after project or expenditure is complete.)
- 5. What other factors should the Social Ministry Committee consider for this application? _____

Return to:

Northern IL Synod - Social Ministry Com.
c/o Augustana College
Rock Island, IL 61201-2296

For Questions:

Tel: (309) 794-4004
Fax: (309) 794-2088
E-Mail: ncorey@nisynod.org