

St. John Mission Endowment Fund Grant Application

Name of organization: _____

Address/City/State/Zip: _____

Authorized Contact Person: _____ Phone: _____

Board Members, if applicable: _____

Purpose of organization: _____

Are you, or have you applied for, 501(c)(3) status? _____

You must include your Federal Tax ID #, if applicable: _____

Amount requested (up to \$1000): _____

Describe the proposed use of funds, and what group or project it will help: _____

Do you have plans to continue the program? How? _____

Total Operating Budget: _____

What other funds have you received (or applied for)? _____

(NOTE: The committee will not consider requests for capital campaigns, political causes, or lobbying efforts.)

Please attach/enclose a year-end financial statement and/or IRS Form 990, along with any other information you feel is appropriate with this application. Your application must include all required documentation.

Deadline: **June 26, 2017** (Applications received after this date will not be considered.)

Return to: St. John Lutheran Church
Attn: Endowment Committee
1100 N. Main St.
Celina, OH 45822