

## 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: July 1st, 2019** (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