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FILLING IN THE FORM

The boxes on this form have limited typing space. Please plan to make your response fit into the box fully. It is not necessary to completely fill each box. Brevity is welcomed and appreciated. This form can be filled out and saved for later editing, printing, or emailing. To fill out this form, position your cursor within a light blue field, click and begin typing. When you have completed a field, tab or click to the next. Periodically save your work. The first time you may be prompted to save with a different file name; you may name your file anything you want. If you include your name in the file name, that will make it easier to identify your file among other submissions. To ensure success, fill out a small portion of the form, save and exit. Open the form again and verify that your entries were saved.

STILL HAVING TROUBLE FILLING OUT AND SAVING THIS FORM?

If you are still having trouble completing and saving this form, please contact us at 414-671-1212.

**OUTREACH FOR HOPE /Greater Milwaukee Synod
GRANT APPLICATION FORM for 2020
Due: October 1, 2019**

****Read the included instructions BEFORE beginning to complete this form.****

A. Cover Sheet

Applicant

Congregation/Faith-Based Organization: _____

If funding is for a specific project/program- Name: _____

Address _____

Phone: _____ Web site: _____

Coordinator/Director/Pastor: _____

Governing body has authorized this grant request? Yes No When? _____

Contact Information

Title (Mr/Ms/Rev/etc): _____ Name _____

Position: _____ Direct Email: _____

Phone number: _____ Fax: _____

Pastor: (if different from Director/Contact) _____

Phone number: _____ Direct Email: _____

Budget Summary

Annual amount requested from Outreach for Hope: \$ _____

Current Total Operating Budget of Cong/Faith-based organization: \$ _____

Total Proposed Project/Program Operating Budget,(if applicable): \$ _____

Grant Cycle Request:

One-Year

Two-Year

Application Date:

Submission

Grant applications are to be submitted electronically to phil@gmselca.org

If unable to submit electronically, please contact Maripat Monahan or Phil Smith at 414-671-1212

B. Grant Target(s)

Summary

Review the **Four Targets of Transformation** that Outreach for Hope will be funding, as described in the document. Indicate under which area your grant request best falls under:

Basic Needs & Community Building

Leadership Development

Empowering Individuals & Ministries

Advocacy for Poverty Justice

- Briefly describe what you hope to accomplish in the target area to be funded. (no more than three sentences)

How did you determine your mission target? (1 to 3 sentences for each area)

- Describe the need you are addressing as your mission.
- How did your faith community inform the mission?
- How did your neighborhood inform the mission?

Determine mission target (continued)

Your faith community and your neighborhood (1 to 3 sentences for each area)

- How would you describe the people of your faith community?
- How would your neighbors say you are connected to and serving the neighborhood?
- What would be missing if you weren't present in that community?

C. Ministry Plan/Strategy

- Describe in detail your ministry plan/strategy to address the Targets of Transformation being funded by this Outreach for Hope grant.
- Include information on how being a congregation or faith-based organization uniquely shapes your ministry plan/strategy.

Staff

- List paid staff, number of work hours per week and % each staff member's time is devoted to work supported by this grant request.
- List total number of regular volunteers and total number of work hours per week. What % of volunteers' time will be devoted to work supported by this grant request?

Anti-Racism Plan

- Describe recent anti-racism training for staff, volunteers, and congregation members and describe future plans.
- How do you see the lens of anti-racism at work in the ministry described in this application?

Partnerships

Please read description of Mission Partners and Collaborative Partners on 'Glossary of Terms' page. Partnerships are not required for funding but are encouraged.

Mission Partners (1 to 3 sentences for each question)

- List Mission Partners with whom you are associated or have covenanted. (if any)
- Describe the 2020 resources each Mission Partner brings to your congregation/faith-based organization: specific dollar amounts from each, in-kind gifts, volunteers, etc.
- What benefits do Mission Partners receive from you?

Collaborative Partners (1 to 3 sentences for each question)

- List key Collaborative Partners, congregational and community (if any).
- Describe how your mission is shared with each Partner.
- Describe the resources each of you as Collaborative Partners bring to the mission.
- What do you do better together than if you were working independently?
- What are your long range goals as Collaborative Partners?

D. Evaluating Outcomes

Explain how you will measure the effectiveness and impact of the ministry plan/strategy that Outreach for Hope is being asked to support.

Measurable Outcomes

- List two or three measurable outcomes you will track from start to finish each year and report to Outreach for Hope at the end of the funding period. (e.g. number of events, worship attendance, number of leaders trained, youth with summer jobs)

Non-measurable Outcomes

- What non-quantifiable outcomes will you hope to observe and report? (e.g. indicators of a successful ministry, types of ministry impact, types of transformation, observable community impact)

F. Attachments

- **Grant Proposal Budget**

- **The Format**

- Please provide your annual budget information on our Excel template. The template is a separate attachment, and includes **sample entries, to be replaced with your own information**, as is appropriate for your own budget. File name: *OFH Budget Template*
 - If you are unable to fill the template out electronically, contact Maripat Monahan at 414- 671-1212 to discuss alternatives.

- **Instructions - use annual figures, even for two-year requests**

- List the program revenue sources across the top line.
 - In the left hand column, list expenses that apply to the organization or the specific program for which you are applying for funding.
 - Salaries and wages should be included in the expense column, listed by position and amount of time.
 - Template includes formulas that should do the calculating for you. Please do not make entries in the gray areas.
 - Total expenses must reconcile with total revenue.

- Congregation's/faith-based organization's 2019 and 2020 annual budgets (can be sent by mail if necessary)
- Congregation's/faith-based organization's Financial Statement as of 6/30/19, including specific principal sources of income.
- Provide a narrative of any significant changes you are anticipating in your 2020 budget, compared to your 2019 current budget. Use Section 'G' below.
- Any additional attachments included with this application will only be accepted in electronic form.

G. Special Considerations (optional)

Include any additional information pertinent to this Grant Request which is not included elsewhere.

H. Additional Narrative Space (optional)

If any narrative boxes 'A' through 'E' do not provide enough space for your response, please use this page to complete your narrative. Note the section your additional comments are related to. Brevity in all sections is advised and appreciated.

**I. Criteria used by the OFH Board of Directors
to determine grant awards**

- To what extent is the ministry congregation-based?
- To what extent does the applicant address issues of poverty?
- Does the applicant focus on the needs and gifts of an ethnic-specific minority? (e.g. Native American)
- Does the applicant have a proven history of effectiveness?
- Is the mission target integrated into the life of the congregation? i.e. Are members knowledgeable about the ministry and do they participate?
- Is the applicant engaged in mission partnerships or seeking partnerships with other ministries?
- Is the applicant engaged in or working toward congregation and community collaborations, to most effectively achieve its mission goals?
- Does the applicant invest its own financial resources in support of the mission for which funds are being requested?
- Does the Applicant now, or in the future, have the potential to access non-church related community foundations and funding sources?
- How does this applicant's financial need compare with similar programs/ministries?
- Does the applicant contribute to the support of Synodical and Church-wide ministries of the church?
- Is the grant request clear and complete?

* * * * *

J. GLOSSARY OF TERMS

Community/Neighborhood: The people living in the same geographical area

In-Kind Support: A contribution of equipment, materials, time, and/or services which can be listed by the contributor as a gift, or could be recorded for tax purposes.

Ministry Plan/Strategy: A sequence of steps needed to accomplish the mission objectives.

Outcomes: Observed transformations or benefits to people due to their participation in program activities. This may include changes to knowledge, skills, values, behavior, or faith.

Partnerships:

Mission Partnership: A congregation outside of the applicant's immediate community serving a different population, which works in carrying out the mission of the applicant and enhancing their own mission through the partnership.

Collaborative Partnership: A congregation or community organization working with the same population in the same or nearby neighborhood, sharing resources and working together toward the same goal in a clearly outlined covenant/agreement.

Program/Project: A specifically defined undertaking or organized set of services within the congregation designed to achieve specific outcomes that begin and end within the grant period. May be ongoing within the congregation/ministry.

Success Story: An anecdotal example that illustrates the ministry's effect on a client, or group of clients.