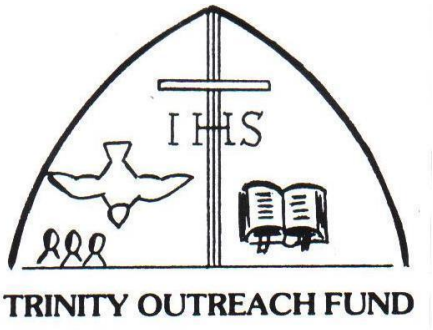

TRINITY LUTHERAN CHURCH OUTREACH FUND
508 Center St, Ashland, Ohio 44805
Phone: 419-289-2126, Fax: 419-289-1381
Email: Outreach@trinityashland.org
www.trinityashland.org

- The Fund Application form must be completed for the Trinity Lutheran Church Outreach Fund Committee to consider a request. The Outreach Fund does not discriminate based on age, gender, race, national origin, religious beliefs, disabilities, sexual orientation, economic circumstances or lifestyle.

- Timeline:
  - Online application can be completed at any point during the year.
  - Applications will be reviewed from June 15 to August 15.
  - Outreach Committee reviews all submitted requests and prepares a ballot. This is completed between September 10 and September 30.
  - Congregation votes on the ballot requests from November 1-December 1.
  - Approved requests will be notified in early January of the following year.
  - Checks will be disbursed in January of the following year.

- Trinity Lutheran Church Outreach Fund provides support for: capital campaigns, building and renovation, equipment, project grants, program development, seed money, and matching/challenge grants. In general, the Trinity Lutheran Church Outreach Fund does not support annual campaigns, existing endowment funds, or cash reserves/debt reduction.

- An individual or organization may not receive money more often than every other year.

- Currently the Outreach Fund does not support multiple year projects.

- A follow-up report is required within six months should a grant be awarded. *Completion of the grant follow-up form is required for eligibility for future Trinity Lutheran Church Outreach Fund grants.* The follow-up form will be provided to the organization.

- Our members love to see the impact their choices have made on organizations. We encourage submission of photographs showing the Outreach Fund dollars at work.

TRINITY OUTREACH FUND

OUTREACH FUND GRANT APPLICATION

APPLICATION PERIOD: JUNE 15-AUGUST 15

NAME OF ORGANIZATION/PERSON_____

Year Founded _____ **CEO** _____

Are you a 501(c)(3)? _____ **If not, explain:** _____

Annual Operating Budget of Organization $_____

Organizations Current Assets _____**Current Liabilities** _____

_____

Grant Applicant _____ **Title** _____

Address _____

City_____ **State** _____ **Zip** _____ **Country** _____

Phone Number _____ **Email** _____

Website of Organization _____

REQUEST DATA

Project Name_____

Amount Requested $_____ **Total Cost of Project $**_____

FOCUS QUESTIONS

1. **What is the challenge or need unaddressed?**

2. **Describe the project for which you are requesting funding.**

3. **Why is the project necessary to your organization and how will it further your mission?**

4. **Who will benefit directly from this funding and how many will benefit directly?**

5. **Does this project have other sources of income? Please describe.**

6. **Does this project relate directly to the ministry of Jesus Christ. If yes, please describe.**

7. **If the project is non-religious in nature is there a way that our gifts can be a witness to God's message of salvation through faith in Jesus Christ? Please provide an explanation.**

8. **Is this request for funding of a personal nature? If yes, please describe?**

9. **Does this project have a professional fundraiser, yes or no?**

10. Is this a one-time need or an ongoing project? Will this project/program fail due to lack of funding in subsequent years? Please describe.

11. Is this project local to Ashland, Ohio? If it is, is there an opportunity for Trinity members to be involved?

12. Does your organization have any members/employees/volunteers that are members of Trinity Lutheran Church? If yes, please list their names.

13. What is the timeline for this project?

14. Will the requested funds be used for any type of scholarship?

15. Please describe any further details for this project that have not already been addressed.

FUNDING PLANS

1. **List Program/Project-Specific Budget for which you are requesting assistance, including all secured and pending revenue and anticipated expenses. Only include revenue/expenses directly related to the program/project for which you are requesting funding.**

PROGRAM/PROJECT-SPECIFIC BUDGET	Budget (please note if dollars are secured or pending)
Revenue Sources	
1. Contributions/Donations	
2. Anticipated Funds from Trinity's Outreach Program	
3. Government Grants	
4. Membership Dues	
5. Individual Fees	
6. Other (list)	
Total Revenue	
Expenses	
1. Salaries/Benefits/Payroll Taxes	
2. Equipment	
3. Supplies	
4. Travel	
5. Other (list)	
Total Expenses	

2. **Would you accept partial funding of your request for this program/project and what plan is in place to move forward should full funding of this request not be granted?**

3. ***Trinity Outreach fund does <u>not</u> provide multi-year grants or sponsorship funding.*** **If this will be an ongoing program/project, describe plans and specific sources for long-term/future funding.**

4. **What other organizations are involved or collaborating with this requested grant (outside of fundraising efforts). Explain the level of support in each relationship. Be specific.**

5. **Have you received funding from Trinity Lutheran Church's Outreach Fund before? If so, when and how much?**

Signature of Applicant _____ **Title** _____

Date _____