****

**Lutheran Foundation Regular Grant Application Questions**

***(NOTE: All requests must be submitted on-line using the web portal available on the website of Lutheran Foundation. This document is for informational purposes ONLY.)***

**BASIC DETAILS**

Organization Information

Organization Name

DBA

Tax ID/EIN

Year Founded

Street Address

City, State, Zip Code

Phone

Fax

Website

Organization E-mail Address

Mission Statement

Executive Director

Prefix

First Name

Middle Initial

Last Name

Suffix

Title

Office Phone, Extension

Mobile Phone

E-mail

Main Proposal Contact

Prefix

First Name

Middle Initial

Last Name

Suffix

Title

Office Phone, Extension

Mobile Phone

E-mail

Board President

Prefix

First Name

Middle Initial

Last Name

Suffix

Title

Phone Number

E-mail

**REQUEST DETAILS**

Project Information

Funding Focus Area: *(Select only ONE focus area)*

* Lutheran Schools and Organizations
* Congregation Community Engagement
* Christian Faith in Action
* Justice-Involved Individuals and Their Families
* Foreign-Born Populations
* Older Adults Maintaining Independence
* Other

Project Title

Proposal Summary *(Summarize the purpose of this request in 100 words or less)*

Project Start Date

Project End Date

Request Amount

Total project budget for the full requested period

Organization annual budget

Fiscal Year (MM/DD)

Geographical Area Served: *(Select all that apply)*

* Franklin County-MO
* Jefferson County-MO
* Jersey County-IL
* Lincoln County-MO
* Madison County-IL
* Monroe County-IL
* St Charles County-MO
* St Louis City-MO
* St Louis County-MO
* St. Clair County-IL
* Warren County-MO

Does your organization receive funding from a giving federation? If so, please list.

(e.g., United Way, Arts & Education Council, Jewish Federation)

**ORGANIZATION AND FAITH INFORMATION**

SECTION A: ORGANIZATIONAL INFORMATION

1. Provide a brief summary of the organization's history

2. Briefly describe the organization’s current programs, activities, number served annually, and accomplishments.

SECTION B: FAITH CONNECTION

3. How will the project fulfill Lutheran Foundation’s vision of seeing the Church brought into the lives of hurting people and people included in the healing life of the Church?

4. In the proposed project, how are issues of faith directly incorporated into the delivery of services?

5. Describe the organization’s relationship with The Lutheran Church-Missouri Synod, other Lutheran church body, Lutheran congregation(s), and/or Lutheran agency(s). Also indicate any relationship with other Christian church body(s) or agency(s).

**NEEDS AND STRENGTHS**

SECTION C: DESCRIPTION OF COMMUNITY/CLIENT NEEDS & STRENGTHS

6. What are the community/client needs or issues to be addressed by this project? Why is this issue important? Be specific. Provide citations when referencing data/information from other sources.

7. Are there ways your organization strives to incorporate the perspective of the community/clients your organization serves?

8. Identify 3-5 strengths of the community/clients that your organization serves and explain how those strengths might contribute to the success of this project.

SECTION D: PROJECT INFORMATION

9. Describe who will be served by this grant. How many will be served?

10. What are your project goals? (Operating or capital requests: what are your agency’s major goals?)

11. What activities do you intend to engage in or provide to achieve the aforementioned goals?

*Please provide an in-depth description of the activities/services, including: 1) how much, 2) how often, 3) how long activities/services will be provided. For expanded project requests, distinguish between current and expanded activities/services.*

12. What are the anticipated short-term and long-term measurable outcomes that would be achieved by this grant?

13. What is the timeline for implementing this grant?

14. What are the organization’s most significant interactions with other organizations and initiatives? For project requests, address this question with respect to that project only. *(e.g., who are the other partners, what is your past experience collaborating with each organization, what is their role in this project, and what is their expertise, etc.?)*

15. What other agencies or projects are doing similar work in the region and how are you different?

16. Who are the key staff and/or volunteers that will ensure the success of this project? What are their names and qualifications?

17. What staff, board, or volunteer training and professional development needs are required to implement this project, if any? Please be specific. *(e.g. trainings on cultural competency, effective use of social media, or fundraising techniques).*

18. How does this request fit within your organization’s long-term goals? (We define long-term as the time-period beyond this grant). How does this project support your organization’s implementation of its strategic plan?

19. What is your long-term funding plan once funding from Lutheran Foundation ends? (For project requests, address this question with respect to that project only).

20. Describe the extent to which your project/organization is based on evidence-based, best, or promising practices.

**EVALUATION**

SECTION E: EVALUATION

21. What tools and processes will your organization use to measure whether or not your program is achieving its goals and outcomes? *Describe the measurement tools you use (e.g., assessments, participation checklists, pre/post surveys, client questionnaires, follow-up surveys, etc.), how often/at what point(s) data will be collected, and who is responsible for overseeing program effectiveness.*

 22. For existing or expanded programs, describe in detail:

◄past outcomes achieved ◄date of evaluation ◄time period evaluated

23. How will the evaluation results be used to inform/strengthen future programming and organization operations?

Logic Model: Please attach a completed copy of your logic model.

Evaluation Plan: Please attach a completed copy of your evaluation plan.

**OTHER INFORMATION**

SECTION F: VOLUNTEER INVOLVEMENT

24. Describe how your organization utilizes volunteers, particularly those of the Christian faith, to help accomplish its mission.

25. Describe how volunteers, particularly those of the Christian faith, will be utilized in the program for which you are seeking funding. Include how many volunteers will be involved and their role(s).

SECTION G: ONLY answer the following question if your congregation/organization is seeking funding under the Congregation Community Engagement Focus Area

26. Approximately what percentage of the proposed program participants/service recipients will be community members as opposed to congregation members?

SECTION H: ONLY answer the following questions if your congregation/organization is seeking funding under the Christian Faith in Action Focus Area

27. Have you completed an internal volunteer management assessment/audit for your congregation/organization?

28. Discuss the results of the internal volunteer management assessment/audit and the lessons learned that inform the proposed program.

Volunteer Assessment: Attach copy of the volunteer assessment

**BUDGET INFORMATION**

Budget Narrative

Budget: Attach a copy of your budget using the Lutheran Foundation form.

**ATTACHMENTS**

Organizational Attachments

* Signature Page: Attach a signed copy of the Lutheran Foundation signature page.
* List of current Board members – including their professional affiliation(s)
* Copy of the IRS Letter of Determination indicating your organization’s non-profit and tax-exempt status under section 501(c)(3) of the Internal Revenue Code *(NOTE – this is NOT the Missouri Sales & Use Tax Exemption certificate.)*
* Copy of State Registration of Fictitious Name (if applicable)

Financial Information Attachments

* Internally prepared income statement for the CURRENT fiscal year
* Copies of audited financial statement or internally prepared financial statements for the last two complete fiscal years.