Lutheran Foundation Program Grant Application Questions

(NOTE: All requests must be submitted online using the portal available on Lutheran Foundation's website. This document is for informational purposes ONLY.)

****Indicates Required Field***

ORGANIZATION AND STAFF CONTACT INFORMATION

Organization Information

*Organization Name
DBA
*Tax ID/EIN
*Year Founded
*Street Address
*City, State, Zip Code
*Phone
*Website
*Organization Email Address
*Mission Statement

Executive Director

*Prefix
*First Name
*Last Name
Suffix
*Title
*Office Phone, Extension
*Mobile Phone
*Email

Main Proposal Contact

*Prefix
*First Name
*Last Name
Suffix
*Title
*Office Phone, Extension
*Mobile Phone
*Email

Board President

*Prefix
*First Name
*Last Name
Suffix
*Title
*Phone Number
*Email

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REQUEST DETAILS

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

- ❒ Christian Community Development and Engagement
- ❒ Lutheran Schools
- ❒ Adults Returning to Community from Incarceration
- ❒ Foreign-Born Neighbors Flourishing in Community
- ❒ Older Adults Maintaining Independence in Community

*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)*

- ❒ Clinton County-IL
- ❒ 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

SECTION A: TELL US ABOUT YOURSELF - 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 how your organization utilizes volunteers, particularly those of the Christian faith, to help accomplish its mission.

6. 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).

SECTION C: COMMUNITY DESCRIPTION AND VOICE

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

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8. Are there ways your organization strives to incorporate the perspective of the community/clients your organization serves? How will the community/clients continue to inform this project?

SECTION D: PROJECT INFORMATION

9. Describe who will be served by this grant. How many will be served? *For church outreach ministries, please include the anticipated percentage of program participants that will be non-members.*

10. What are your project 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. For this project, what are the most significant interactions with other organizations and initiatives? *(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. Are there others in your community who address similar needs? If yes, please list them and describe how you work with or learn from them.

16. Who are the key staff and/or volunteers that will ensure the success of this project? What are their names and qualifications? *Please include any staff or positions that this grant will support.*

SECTION E: EVALUATION

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

18. 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.*

19. For existing or expanded programs, describe past outcomes achieved, including dates and time frames.

SECTION F: FOCUS AREA SPECFIC QUESTIONS

CHRISTIAN COMMUNITY DEVELOPMENT AND ENGAGEMENT

20. For your place-based strategy, please name and describe the chosen community for your project/initiative.

21. How does your place-based ministry embody healthy community engagement principles of Asset-Based Community Development?

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ADULTS RETURNING TO COMMUNITY FROM INCARCERATION/FOREIGN-BORN NEIGHBORS FLOURSHING IN COMMUNITY/OLDER ADULTS MAINTAINING INDEPENDENCE IN COMMUNITY

22. What is your experience working with this population and why is your organization well suited to implement the proposed project?

SECTION G: BUDGET INFORMATION

23. Budget Narrative

SECTION H: ATTACHMENTS

Project-Specific Attachments

- Logic Model
- Evaluation Plan
- Project Budget

Organizational Attachments

- Signature Page - Attach a signed copy of the Lutheran Foundation signature page.
- Board information - List of current Board members (including their professional affiliations) and Board meeting dates
- 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

- CURRENT Fiscal Year
  - Operating Budget
  - Statement of Activities (a.k.a. Income Statement or Profit and Loss)
- PRIOR TWO Fiscal Years:
  - Audited Financial Statements (preferred)

    OR
  - Internally Prepared Financial Statements including,
    (1) Statement of Activities (a.k.a. Income Statement or Profit and Loss),
    (2) Statement of Financial Position (a.k.a. Balance Sheet) and
    (3) Statement of Cash Flow

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