



Arkansas-Oklahoma Synod, ELCA

4803 S. Lewis Ave
Tulsa, OK 74104

(918)492-4288
www.aokelca.org

Name of Organization/Agency/Ministry requesting grant

Address _____

Amount of grant request \$ _____ (maximum \$5,000)

Please note: Grants cannot include funding for fund raising.

PURPOSE OF GRANT

1. **OBJECTIVE** (What do you intend to accomplish that will improve or enhance the ministry of Christ and his Church?)
2. **NEEDS** (Why is your project necessary?)
3. **PLAN** (How do you intend to implement your project? How will you sustain this project beyond the grant?)
4. **GOALS** (What are the specific, measurable outcomes in pursuit of your objective?)
5. **REPORTING** (How will you share the story of your project with your cluster, synod, and beyond? How will you share the results of your project with the Endowment Committee?)

(Please use additional pages as necessary. More information is better than less.)

BUDGET

Budget Proposal (How will the grant money be spent? How will your organization/agency/ministry contribute to the project? What other sources of support are you seeking?)

(Attach financial statements that demonstrate previous support, if applicable, of this project or ministry. Be specific about other current income sources which fund this project. Please use other pages as may be necessary.)

CONTACT INFORMATION

Name of person requesting grant _____

Address _____

Phone (area code) _____ Email _____