**Elim Lutheran Church Foundation**

**Grant Application Packet**

**Thank you for your interest in the Elim Lutheran Church of Scandia Foundation**. Please review the requirements listed below. If you would like to nominate a qualified organization, person, or project, complete and return the attached gift nomination form. **To be eligible for consideration, all nominations must be received by October 1, 2024.**

**Eligibility Requirements**

* The organization must meet the Elim Foundation mission of “Sharing the love of God in Jesus Christ through Christian outreach.”
* Although we provide grants worldwide, we require that a US based organization receive and disburse the funds.
* All fields, except those marked as optional, are required. Incomplete applications will be returned to the applicant and will be re-considered if the completed form is received before the October 1 deadline.
* A specific organization or project may receive funding for three consecutive years. Eligibility for additional funding resumes **after** at least a one-year break.
* Nominees must be an organization and not an individual person.
* Educational grants for individual persons are handled through a separate application process.

Deliver, mail, or email the completed application to:

Elim Lutheran Church

Attn: Elim Foundation

20971 Olinda Trail N.

P.O. Box 67

Scandia, MN 55073

foundation@elimscandia.org

If you have questions, call the church office at 651-433-2723.

***Grant distributions are awarded in January 2025***

* Please print or type. Use additional pages if more space is needed.

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| **Nominator Information** | | |
| **Name of Nominator** | | **Date Completed** |
| **Address of Nominator** (Street, City, State, Zip) | | |
| **Phone Number of Nominator** | **Email Address of Nominator (optional)** | |
| **What is your involvement with the Grant Recipient?** | | |
| **Grant Recipient General Information** | | |
| **Name of Grant Recipient** | | |
| **Address of Grant Recipient** (Street, City, State, Zip) | | |
| **Phone Number of Grant Recipient** | **Email Address of Grant Recipient (optional)** | |
| **Is this a  parent organization or  local affiliate?** If this a local affiliate, please provide the name and full address of the parent organization. | | |
| **Where does the Grant Recipient provide services?** | | |
| **What is the mission of the Grant Recipient?** | | |
| **How does the Grant Recipient share the love of Jesus Christ through Christian outreach? (Limit to 500 words or less.)** | | |

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| **If the Grant Recipient receives a grant, how will the funds be used? (Limit to 500 words or less.)** | |
| **Does the Grant Recipient have a *website* or Facebook page?** If so, please provide the links for these pages. Or, if available, please provide a brochure or other informational material about this group or project. | |
| **Please provide a list of key officers/positions for the Grant Recipient organization.** | |
| **Grant Recipient Financial Information** | |
| **Is this a 501(c)(3) entity?**  Yes  No | **What is the annual budget for the Grant Recipient?** |
| **What percent of the annual budget is spent on programs?** | **What is the Grant Recipient’s main source of funding?** |
| **Gift Disbursement Details** | |
| **Gift check should be made payable to:** (must be a US based organization) | |
| **Gift check should be sent to:** (must be a US mailing address) | |
| **Name** | |
| **Address** (Street, City, State, Zip) | |
| **Phone Number** | **Email Address (optional)** |
| ⮛ ⮛ **Office Use Only** ⮛ ⮛ | |
| **Date Application Received** | **Date Application Reviewed** |
| **Notes:** | |
| Approved  Denied | **Date of Action** |