

**Western Iowa Synod, ELCA
Mission Endowment Fund
2019 Grant Application**

Date of application: _____

Due April 20th, 2019 _____

Organization Information

Name of organization _____ *Legal name, if different* _____

Address _____ *City, State, Zip* _____ *Employer Identification Number (EIN)* _____

Phone _____ *Fax* _____ *Web site* _____

Name of contact person regarding this application _____ *Title* _____ *Phone* _____ *E-mail* _____

Is your organization an IRS 501(c)(3) not-for-profit? _____ Yes _____ No

_____ *Fiscal agent's EIN number* _____

Proposal Information

Please give a 2-3 sentence summary of request:

Population served: _____

Geographic area served: _____

Funds are being requested for (check one).

_____ General operating support _____ Start-up costs _____ Capital
_____ Project/program support _____ Technical assistance _____ Other (list) _____

Project dates (if applicable): _____ Fiscal year end: _____

Budget

Dollar amount requested: _____ \$ _____

Total annual organization budget: _____ \$ _____

Total project budget (for support other than general operating): _____ \$ _____

Authorization

Signature

Mail to Western Iowa Synod ELCA, 318 E Fifth St, Storm Lake IA 50588 or
<mailto:Julie.cook@wisynod.org> by April 20th, 2019.