

**Western Iowa Synod, ELCA
Mission Endowment Fund
2025 Grant Application**

Date of application: _____

Due: May 1, 2025

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

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: _____

***Please attach a short explanation of how this money will be used.**

***Grant recipients will be expected to 'share their story'.**

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, 1614 W. 5th Street, Suite 2, Storm Lake, IA 50588 or
<mailto:julie.cook@wisynod.org> by **May 1, 2025**.