

GREAT COMMISSION FUND (GCF) MATCHING GRANT APPLICATION

Date: _____

MATCHING FUND GRANT

Amount requested \$ _____ (\$5,000 Maximum)

Congregational Matching Funds \$ _____ available on (date) _____

Name and title of person(s) completing this application

_____	_____	_____	_____
Name	Title	Name	Title

Congregation(s) _____ Congregational ID #(s) _____

How many members does your congregation have? _____

What is your congregation's average worship attendance? _____

Congregation Address _____

Phone # _____ Fax # _____ E-mail _____

Name of person responsible for oversight of project:

Title _____ Phone# _____

E-mail address: _____

See reverse side for page 2.

Application Submission: Completed applications may be mailed to Great Commission Fund, Congregational Mission Planning Requests, ELCA-Southeastern Synod, P.O. Box 400, Decatur, GA 30031. Alternatively, applications may be faxed to 404-521-1980 or scanned and e-mailed to synod.office@elca-ses.org.

Please use additional sheets as necessary to share information about your Mission Project.

1. Mission Project Title:
2. Briefly describe the Mission Project:

3. How will the project outcomes be measured? Be specific.

4. What is the total estimated budget for this Mission Project? Please attach a breakdown of your project budget to this application. Include sources of all funds. If other funds are coming from outside your congregation or ministry, please explain. List any gift sources and the amount of congregational matching funds.

5. What is the time-line for this mission project?
 Starting Date: _____ Ending Date: _____ OR Ongoing Project: _____
6. Please attach mission, vision, and value statements or a purpose statement for your congregation or ministry.
7. Please attach a copy of your congregation or ministry line item operational budget.
8. Attach any available information regarding overall outreach or transformation strategy and how demographic data have been used.

Our Congregational Mission Support/Benevolence sent to the Synod, Churchwide and Global ELCA ministries for the past two years has been:		
Year	Amount	Percent of Current Expense Budget
_____	_____	_____ %
_____	_____	_____ %

(Two signatures required)

Signature

Name (PRINTED) Title

Date Phone #

Signature

Name (PRINTED) Title

Date Phone #