

**Western Iowa Synod, ELCA
Mission Endowment Fund
2017 Grant Application**

Date of application: _____

Due April 15th, 2017

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
email Lynn.egesdal@wisynod.org by April 15th, 2017.