

2017 Request for First Fruits Benevolence Funding
Grant Request

Due Date: April 1, 2017

Name of Organization: _____

Address: _____

City: _____ State: _____ Zip: _____ Federal Tax ID # (9 digits) _____

Funding requested for: ___ Operating Budget ___ Short Term Project ___ Long Term Project ___ Other (explain on back)

Phone: _____ FAX: _____ E-Mail: _____

Printed Name and Signature of Director _____ Date: _____

Total Annual Expense Budget of the Organization	\$ _____	Project or Ministry Category Please Check All That Apply
Total Expense of Project (If Applicable)	\$ _____	___ Development Services
Amount of Funds Requested from the AK Synod	\$ _____	___ Community Support
		___ Relief Services
		___ Education Services

➤ Does your organization have a tax exempt status under 501 C (3)? ___ YES ___ NO

Tax identification number of fiscal agent: _____ Agent's Name: _____

➤ Has your organization ever received funds from the Alaska Synod? ___ YES ___ NO

<u>Year</u>	<u>Amount</u>	<u>Year</u>	<u>Amount</u>	<u>Year</u>	<u>Amount</u>
_____	\$ _____	_____	\$ _____	_____	\$ _____

➤ Has your organization ever received funds from the ELCA? ___ YES ___ NO

<u>Year</u>	<u>Amount</u>	<u>Year</u>	<u>Amount</u>	<u>Year</u>	<u>Amount</u>
_____	\$ _____	_____	\$ _____	_____	\$ _____

Are you currently in partnership with any Lutheran congregations? ___yes ___no If yes, please name, and briefly describe your relationship including the level of financial support and any ministry support you are receiving.

Briefly describe the scope of your clientele, the need which will be served, and the objectives of your organization or project for which you are requesting funds. Specifically, how will your organization use this money?

Are there other agencies-ministries in your area that support a similar ministry? ___yes ___no If yes, please describe how your ministry complements or addresses an unfulfilled need.

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