

TOGETHER EMPHASIZING ALASKA’S MISSION
REQUEST FOR “FIRESTARTER” GRANT

Name of Applicant _____ Email _____

Address of Applicant _____

Project Coordinator: Name and Title _____

Phone _____ Email _____

Mailing Address _____

How will the project emphasize growth and development of ministry?

Which synod goal does the project address?

How does it address this goal?

What evidence of support (minutes, resolutions, etc) from your congregation or group of congregations and or community do you have? **Attach a copy.** Note: This proposal will not be evaluated unless a copy of this evidence is attached.

Name at least three people who will work on this project

1. Name _____
Phone _____ Email _____
Mailing Address _____

2. Name _____
Phone _____ Email _____
Mailing Address _____

3. Name _____
Phone _____ Email _____
Mailing Address _____

Describe the need for this project

List things that will occur if your project is successful (Please put these things in measurable terms)

Why do you need help from the Synod through TEAM?

Describe the plan to meet the need (Include such things as: Time Line, Strategies and Logistics)

What resources are required?

From applicant:

From TEAM:

From other entities:

Proposed Budget

Expense Item*	Your Funds	TEAM Funds	Other Funds	Total
Total				

*Include such things as staff, travel, materials, postage, equipment, supplies

If this project is funded, I agree to assume the following responsibilities:

- Provide a report to the TEAM Committee at the conclusion of the portion of the event, project or new ministry for which the grant was obtained.
- Provide a written report and an oral report to the synod in assembly at the first assembly after the receipt of funds.
- Return any unused funds at the completion of your project to TEAM c/o Synod Office.

Project Coordinator Name Project Coordinator Signature

Return to the Alaska Synod Office 1847 W Northern Lights Blvd. #2 Anchorage, AK 99517,
elcaalaska@gmail.com or fax 907-274-3141