

**TOGETHER EMPHASIZING ALASKA'S MISSION
REQUEST FOR A LARGE TEAM GRANT**

Name of Applicant	Email	Address of Applicant
<input type="text"/>	<input type="text"/>	<input type="text"/>

Project Coordinator: Name and Title	Phone and email	Mailing Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

How will the project emphasize growth and development of ministry?
<input type="text"/>

Which synod goal does the project address?	How does it address this goal?
<input type="text"/>	<input type="text"/>

What evidence of support from your congregation or group of congregations (minutes, resolutions, etc) and or community do you have? Attach a copy.	NOTE: this proposal will not be evaluated unless a copy of the evidence in the previous box is attached.
<input type="text"/>	<input type="text"/>

Name at least three people who will work on this project	Phone and email	Mailing Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

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Describe the need for this project

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List things that will occur if your project is successful | Put these things in measurable terms

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Why do you need help from the synod through TEAM?

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Provide plan to meet need

Time Line

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Strategies

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Logistics (housing, insurance, food, transportation)

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Other

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From applicant

From TEAM

From other entities

*Expense Item	PROPOSED		BUDGET	
	Your Funds	Team Funds	Other Funds	Total
Total				

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

Attach minutes to show the above budget has been approved by the congregation.

Note: this proposal will not be evaluated unless a copy of the minutes is attached.

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

- Establish a separate account for TEAM funds and to identify 3 signers two of whom must sign each check.
- Provide a written progress report and an oral report to the synod in assembly at the first and second assembly after the receipt of funds.
- Provide written progress reports to the synod council for the council's October meetings during the period of the grant.
- Provide a final report to the synod council prior to the February meeting that follows the granting period.
- Return any unused funds at the completion of your project to TEAM c/o Synod office.

Projector Coordinator Name

Project Coordinator Signature

[Empty box for Projector Coordinator Name]

[Empty box for Project Coordinator Signature]