

TOGETHER EMPHASIZING ALASKA'S MISSION REQUEST FOR "FIRE STARTER" GRANT

| Name of Applicant | Email | Address of Applicant |
|-------------------|-------|----------------------|
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| Project Coordinator: Name and Title | Phone and email | Mailing Address |
|-------------------------------------|-----------------|-----------------|
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| How will the project emphasize growth and development of ministry? |
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| Which synod goal does the project address? | How does it address this goal? |
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| 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. |
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| Name at least three people who will work on this project | Phone and email | Mailing Address |
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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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Describe plan to meet need

Include such things as Time Line, Strategies and Logistics

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What resources are required?

From applicant

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From TEAM

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From other entities

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| *Expense Item | PROPOSED | | BUDGET | |
|---------------|------------|------------|-------------|-------|
| | Your Funds | Team Funds | Other Funds | Total |
| | | | | |
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| | | | | |
| 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.

Projector Coordinator Name

Project Coordinator Signature

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