Grace Lutheran Church (GLC) Social Concerns Team (SCT) Funding Request Form

Benevolence Focus for 2026: "Food insecurity and homelessness, and education"

The Social Concerns Team works with concerns with the problems of society.

Application may be completed by the organization or a member of GLC on behalf of the organization.

APPLICANT INFORMATION:						
Organization Name:		E	EIN			
Organization Contact Persor	າ:					
Address:						
Phone:	Email: _					
Requestor's Name:						
Phone: Email:						
Grace Lutheran Church Social Concerns Team contact person:						
REQUESTING ORGANIZATION'S DETAILS						
NEQUESTING UNGANIZATIO	N 5 DETAILS					
Tell us about your organization						
□ Local	☐ Regional	□ Nation	□ International			
Religious affiliation?	□ NO	☐ YES, (name)				
Primary Work	☐ Charity	□ Social Justice	☐ Education			
	Other, please desc					
Name of SCT member(s) who has visited your organization:						
Date:						
Dute.						
PURPOSE OF FUNDS:						
Describe the Scope of Work for which these funds will be used?						
Describe the scope of work for which these funds will be used:						
Please list two to three mea	surable outcomes of the So	cope of Work (e.g. How man	v individuals to you plan to			
Please list two to three measurable outcomes of the Scope of Work (e.g. How many individuals to you plan to help, how many schools will be affected). Please attach additional paper if needed.						
,	,					
1)						
2)						
3)						
REQUESTED FUND AMOUNT (limit \$2,100)						
AMOUNT REQUESTED:		DATE NEEDED: _				

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FUNDING SOURCE DETAILS					
Has your organization received fund	ing from the SCT o	other Grace Luth	neran Church funding	sources?	
□ NO					
☐ YES, If yes:	Amount:		Year:		
-	From what other sources does your organization receive funding?				
Trom what other sources does your	organization receiv	c ranang.			
Diago offer any additional comments	or information the	st would be beinf	ul to the Social Conce	ons Toom in the	
Please offer any additional comments		at would be neipi	ui to the Social Conce	ns ream in the	
process of making our resource allocations	ition decisions:				
ATTACHMENTS: (Please attach the fo	llowing to your app	llication)			
☐ Mission / Vision Statement ☐ Evidence of 501C3 Status ☐ Current financial statemen				ctatomont	
☐ Mission / Vision Statement ☐ Evidence of 501C3 Status ☐ Current financial statement				Statement	
OUTCOME REPORTING REQUIREMEN	TS: DUE PRIOR TO	DECEMBER 15, 2	026		
· ·		,			
Provide a brief one paragraph report	stating the scope o	fwork projected	l and accomplished ou	tcomes	
Submit to: Social Concerns Team, GL	= -			tcomes.	
Organizations who do not sub	_			fundina	
Organizations who do not sub	init Outcome Kepo	rting may not be	considered for juitare	junung.	
Applicant Signature:			Date:		
Constant to the constant Constant Constant					
Grace Lutheran Church Social Concerns requesting funds. In the event that the	_	_			
Concerns Team must vote on the amend	•	• •	_	in Charch- Social	
Concerns ream must vote on the amend	eu requesteu thang	es bejore junuing (tan continue.		
For Administrative Use O	nly	C	omments	Reviewed	
☐ EIN number (mandatory)		(SCT must confirm)		Neviewed	
□ 501C3 Status documentation (mandatory)		(Ser mast commin)			
Received by January 31 deadline (
☐ Mission / Vision Statements received by January 31 deadline (
☐ Current Financial Statement received					
□ Scope of Work identified					
☐ Measurable outcomes identified				+	