

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

**Benevolence Focus for 2022: “Food insecurity and homelessness, wellness and education”**

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

**APPLICANT INFORMATION:**

Organization Name: \_\_\_\_\_ EIN \_\_\_\_\_  
Organization Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Requestor’s Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Grace Lutheran Church Social Concerns Team contact person: \_\_\_\_\_

**REQUESTING ORGANIZATION’S DETAILS**

Tell us about your organization			
<input type="checkbox"/> Local	<input type="checkbox"/> Regional	<input type="checkbox"/> Nation	<input type="checkbox"/> International
Religious affiliation?	<input type="checkbox"/> NO	<input type="checkbox"/> YES, (name) _____	
Primary Work	<input type="checkbox"/> Charity	<input type="checkbox"/> Social Justice	<input type="checkbox"/> Education
<input type="checkbox"/> Other, please describe _____			
Name of SCT member(s) who has visited your organization: _____			
Date: _____			

**PURPOSE OF FUNDS:**

Describe the Scope of Work for which these funds will be used? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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).

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**REQUESTED FUND AMOUNT**

**AMOUNT REQUESTED:** \_\_\_\_\_

**DATE NEEDED:** \_\_\_\_\_

[Type here]

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**FUNDING SOURCE DETAILS**

Has your organization received funding from the SCT or other Grace Lutheran Church funding sources?		
<input type="checkbox"/> NO		
<input type="checkbox"/> YES, If yes:	Amount:	Year:
From what other sources does your organization receive funding?		

Please offer any additional comments or information that would be helpful to the Social Concerns Team in the process of making our resource allocation decisions:

**ATTACHMENTS: (Please attach the following to your application)**

<input type="checkbox"/> Mission / Vision Statement	<input type="checkbox"/> Evidence of 501C3 Status	<input type="checkbox"/> Current financial statement
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**OUTCOME REPORTING REQUIREMENTS: DUE PRIOR TO DECEMBER 15, 2022**

Provide a brief one paragraph report stating the scope of work, projected and accomplished outcomes.  
Submit to: Social Concerns Team, GLC 1408 Washington Street, Wenatchee WA 98801

***Organizations who do not submit Outcome Reporting may not be considered for future funding.***

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Grace Lutheran Church Social Concerns Team has the final decision-making authority on all applications submitted requesting funds. In the event that the organization's Scope of Work has changed, Grace Lutheran Church- Social Concerns Team must vote on the amended requested changes before funding can continue.***

For Administrative Use Only	Comments	Reviewed
<input type="checkbox"/> EIN number (mandatory)	(SCT must confirm)	
<input type="checkbox"/> 501C3 Status documentation (mandatory)		
<input type="checkbox"/> Received by January 31 deadline (mandatory)		
<input type="checkbox"/> Mission / Vision Statements received		
<input type="checkbox"/> Current Financial Statement received		
<input type="checkbox"/> Scope of Work identified		
<input type="checkbox"/> Measurable outcomes identified		
<input type="checkbox"/> <b>OUTCOME REPORT (December 15, 2022)</b>		

[Type here]