



SELC District Outreach through Congregations Grant Application

Congregation: _____

Street Address: _____

City, State/Province, Zip: _____

Pastoral Contact: _____

Outreach Grant Contact: _____

Contact Phone: _____

Contact Email: _____

Congregation Statistics: Baptized Membership: _____ Confirmed Membership: _____

Total Congregational Budget: _____

Congregational Evangelism Budget: _____

Congregational Missional Budget: _____

Total Project Cost: _____ Congregational Project Commitment: \$ _____

Total Grant Request: _____

Briefly describe the outreach project: _____

How will this project enable or provide opportunities for members to tell the good news about Jesus?

Please list any other congregational goals for this project:

(Number of new contacts, lay leadership development, spiritual growth, new member assimilation)

1. _____
2. _____
3. _____
4. _____

Project Budget

Item/Activity:	Purpose of the project	Total Cost	Congregation \$	Grant \$
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Projects must be approved by the congregation’s decision making body for consideration.

Date of congregational’s project approval: ___/___/_____

Send this completed Grant Request Form to the SELC District Mission Executive:

Rev. Paul Hoyer
Holy Cross Lutheran Church
780 N. Sun Drive
Lake Mary, FL 32746-2507
(407) 333-0797
paul@hclm.org