



# Extraordinary Lutheran Ministries Grant Application

## Application Form

ELM Rostered Person	
Name of ELM Rostered Person	
ELM Roster Status	
ELM background check completed?	

Applicant Organization (If the grant is to be made to an individual, please proceed to the next section.)	
Legal Name of Applicant Organization <i>(Must be same as on IRS determination letter and as supplied on IRS Form 990, or your country's equivalent.)</i>	
Employer Identification Number (EIN) or equivalent	
Non-profit status	
Organization Type	
Status of ELM rostered pastor or lay leader in the organization	
Does this organization have a written non-discrimination policy in effect?	
Website	
Organization phone	
Organization FAX	
Organization Address	
Name of authorized signatory	
Title or position of authorized signatory	

Primary Contact Person
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(If the grant would be to an individual, this must be the person to whom the grant would be made, who must be on the ELM roster.)	
Name	
Phone	
Cell Phone	
FAX	
Email address	
Postal Address	

Proposed Ministry/Project	
Ministry Name	
Purpose of Grant in brief (one sentence)	
Date of Application	
Requested Grant Start Date	
Requested Grant End Date	
Amount Requested	
Grant Category	
List any previous support from ELM in the last five years	
Is this a request for renewal of an existing grant?	
ELM grants are made for one year, but may be re-awarded. If this request is funded, how many times do you expect to reapply?	

Historical	Income	Expense
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<b>Budget Information</b>	Budget	Actual	Budget	Actual
Last full year				
Current year to date				
Current year (entire)		N/A		N/A

<b>Signature for Organization/Date</b>	
<b>Typed Name and Title</b>	
<b>Signature of ELM rostered person/Date</b>	
<b>Typed Name and Title</b>	