



EASTERN SYNOD MISSION GRANT APPLICATION FORM

Applicant (Congregation(s), Ministry Area, etc.)	
Contact Person's Name	
Address, City, Province, PC	
Telephone Number	
Email Address	

Compassionate Justice	<input type="checkbox"/>
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Short Term	<input type="checkbox"/>
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Please check criteria for grant category at
<http://www.easternsynod.org/content/mission-committee>

Mission Proposal Name	
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Provide a description of your mission proposal.

Identify the objectives, expected results and intended community for your proposal.



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Amount of Funding Requested	\$	
Total Anticipated Costs	\$	

What will the requested funds be spent on?	
Expenditure Description	Amount
Total Expenditures	\$

Are you expecting to receive funding for this initiative from other sources?	Yes		No	
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If yes, indicate the organization and the amount of funding to be received.	
Name of Organization	Amount

Are you expecting support for the initiative in other ways (volunteer hours, donations in kind, facilities, etc?)	
Description	Amount

If our application is approved, we understand that we will be required to complete a final report when the initiative is completed or by August 31st of the project year.

Authorized Signature		Date	
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For additional information please contact your Synod Mission Consultant, Bishop Michael Pryse.

**The submission deadline for applications seeking funding for 2019 is
September 28, 2018.**

Eastern Synod Mission Committee
74 Weber Street West
Kitchener ON N2H 3Z3
Phone: (519) 743-1461 Fax: (519) 743-4291