



**ELCIC/
Eastern Synod
Mission Grant
Application Form**

Submitted to

(Synod)

1. Submitted by:
2. Project Title:
3. Description of Project:

4. Rationale for Project:

5. Project Criteria Addressed:

6. Objectives of Project:

7. Target Audience of Project:

8. Have you considered working with other partners in this project? Who?

9. Administrative Relationships:

a) Who is responsible to administer the project and complete reporting requirements?
Provide name, address, phone number, fax and e-mail.

b) Who will be involved in carrying out the project? (i.e. individuals, congregations, synod, committees, etc.)

10. Project Budget: \$

(Attach budget detail) Include other sources for funding in place or pending approval.

11. Timeline: (How long will this project take from start to finish? When will the project begin?
When will project funds be required?)

12. Evaluation:

a) What are the criteria for evaluating this project?

b) Who will be responsible for submitting the project evaluation to the synod Canadian Mission Committee?
Provide name, address, phone number, and e-mail.

13. Project Application Date:

14. Signature of Applicant _____
Signature

Submitted by: (Please print)