Westby Coon Prairie Lutheran Church Mission Endowment Fund Application

Christian stewardship involves the faithful management of all the gifts God has given to humankind; the created world, the Gospel, life, time, abilities, money, including accumulated, inherited, and appreciated resources. It is the desire of Westby Coon Prairie Lutheran Church to encourage, receive and administer these gifts in a manner consistent with the loyalty and devotion to our Lord in accordance with the policies of this congregation.

The purpose of the Westby Coon Prairie Mission Endowment Fund is to enhance the mission outreach of Westby Coon Prairie Lutheran Church apart from the general operation of the Congregation so that no portion of the distribution of the Fund shall be used for the annual operating budget of the Congregation.

The mission statement of the congregation of Westby Coon Prairie is "To serve God, sharing the love of Jesus Christ."

The Endowment Committee of Westby Coon Prairie Lutheran Church meets quarterly throughout the year to not only make decisions about the management of the fund but to also make decisions about the distribution of the proceeds. The purpose of this application is to let the committee know of a "mission based" need that can be supported by the Endowment Fund. The deadlines for application are March 31, June 30, September 30, and December 31 of each year for consideration at the next Endowment Committee meeting. Please fill out the application to let the committee know as much as possible about the request. If more information is needed, a member of the committee will contact you. Thank you.

Please submit the application either by mail to Westby Coon Prairie Lutheran Church, 500 South Main Street, Westby, WI 54667 or by email to wcpchurch.westby@gmail.com

Name and Contact Information of person(s) completing this application:

| rganization Name (if applicable): | | | |
|-----------------------------------|-------|--------|------|
| ddress: | City: | State: | Zip: |
| one number(s): | En | nail: | |
| te of Application: | | | |

Is there another agency or organization overseeing or administering this request? Please provide contact information.

Level of financial support being requested: \$_____

Total cost of project/program this request is being asked to support: \$_____

Are other sources being sought to support this project/program? (please mark X in the appropriate space) Yes_____No_____ If yes, please outline the sources and level of funding requested.

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If this a repeat request, please provide the date and amount of the last request._____

Please describe the situation, project, or reason for your request.

What is the objective of this project or need?

How does this request meet the mission or goal of the Westby Coon Prairie Mission Endowment Fund and/or the congregation?

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How will future costs of the project be met?

The person submitting this application may be asked to ensure documentation of completion of the project and/or use of the funds (i.e., receipts). Are you willing to provide such documentation? (please mark X in the appropriate space)

Yes_____No_____

If No, is there another method for ensuring completion of the project?

Please list the person or organization to whom the funds should be sent if approved.

| Organization Name: | | | | |
|--------------------|-------|---------|---------|-------|
| Contact Person: | | | | |
| Address: | City: | | _State: | _Zip: |
| Foreign Address: | | | | |
| Phone number: | | _Email: | | |

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I AGREE THAT IF I AM AWARDED A GRANT, I WILL UTILIZE THESE FUNDS ONLY FOR THE PURPOSE THAT WAS OUTLINED IN THE APPLICATION SUBMITTED TO THE ENDOWMENT COMMITTEE. I ALSO GIVE THE ENDOWMENT COMMITTEE PERMISSION TO HAVE THE INFORMATION SUBMITTED IN THIS APPLICATION REVIEWED BY THE COMMITTEE MEMBERS, COMMITTEE RESOURCES, AND THE CHURCH COUNCIL OF WESTBY COON PRAIRIE LUTHERAN CHURCH. I GIVE PERMISSION TO THE ENDOWMENT COMMITTEE TO PUBLICLY ACKNOWLEDGE ME AS A GRANT RECIPIENT, SHOULD A GRANT BE AWARDED TO ME.

Signature of Applicant

Date of Signature