

# Bethania Lutheran Church L.A.C.E. Love and Caring Endowment

## NON Profit Grant Request

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Dear Grant Applicant:

Enclosed are the grant guidelines and questionnaire from the Bethania L.A.C.E. Fund. Please read the guidelines carefully and feel free to contact the office: (262) 632-7267 or bethania@wi.twcbc.com, if you have further questions.

**Proposals must include:**

- ▶ **Mission statement of organization**
- ▶ **An itemized project budget**
- ▶ **Copy of the 501-C3 if organized as a non-profit**
- ▶ **Board approval and signature of president**

The Bethania L.A.C.E. Committee will consider project proposals:

- ▶ Where our contribution will not exceed \$1000.00.
- ▶ In which the agency, individual or group resides in Racine County.
- ▶ Which will utilize the funds granted in Racine County.
- ▶ In which the proposed program is people-oriented, may serve any age group, and must be free from any prejudice.
- ▶ For which grant recipients must provide and maintain accurate records of expenditures for annual L.A.C. E. committee review.

The special concerns of the Bethania L.A.C.E. Fund fall into the following general areas. Please select only one that best fits your proposal:

- |                                    |                                      |   |
|------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Community | <input type="checkbox"/> Education   | <input type="checkbox"/> Medical/Health |
| <input type="checkbox"/> Cultural  | <input type="checkbox"/> Environment | <input type="checkbox"/> Religion       |

***We will look for programs that have a positive impact on the community.***

**Other criteria for selection:**

- ▶ Organizations' ability to implement project
- ▶ Ability to address position statement needed.
- ▶ Target population reached by project
- ▶ Methods, timetable and use of volunteers in project
- ▶ Utilization of community resources in project
- ▶ Accountability of group/agency; please be able and ready to fill out a form at the end of your final project, no later than 12 months, failure to do so will result in return of grant monies and /or the ability to apply again.
- ▶ The project or program for which funds are requested should provide services which are not exactly the same as any other existing agencies.

The Bethania L.A.C.E. Committee does not “endorse” the program of any organization except in the form of grant support. A decision not to support an activity or organization does not imply that the L.A.C.E. Committee rejects the merit of the proposal, the need it addresses, or the organization itself.

**Only one grant will be made to any persons or organization in a 23-month period.**

Grant moneys' must be used for the purpose stated in the grant application (time frame, i.e.: one calendar year) or be returned to the Bethania L.A.C.E. Fund.

***Project proposals are due for review by the L.A.C.E. Committee by:***

***Friday, October 5, 2018 at 5:30 p.m.***

After review of the proposal the organization will be invited to a committee meeting where clarifications regarding the program can be addressed. If approved by the L.A.C.E. Committee, the next review is by the Congregation Council with final approval by the congregation. **Written notification of the decision will be made by November 11, 2018.**

Bethania Lutheran Church  
4120 Wright Avenue  
Racine, WI 53405

262-632-7267

bethania@wi.twcbc.com

**LOVE AND CARING ENDOWMENT QUESTIONNAIRE**

Date: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Director or Executive: \_\_\_\_\_

Person responsible for program or project for which funding is being requested:

\_\_\_\_\_

Describe this person's experience and qualifications to administer the program and funds:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Authorization:**

From my knowledge, I certify the information given is correct. This application has been authorized by the governing board.

\_\_\_\_\_  
Signature of Board Member

\_\_\_\_\_  
Print Name of Board Member

\_\_\_\_\_  
Title of Board Member

\_\_\_\_\_  
Date

**The program or project for which funding is being requested:**

Please describe the program/project, its purpose, the people who are to be served, eligibility criteria for participants, and any other information which will help us understand the project. Limit your description to a two-page written narrative.

**Funding:** What is the cost of operating the program/project? What funds are available and from what source? What are the uncovered costs for which you are requesting funds from the L.A.C.E. Fund?

Requested amount: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your request is approved, when do you need the funds? Specify month and year:

\_\_\_\_\_

Please discuss any volunteer opportunities in which our church members can choose to participate:

\_\_\_\_\_  
\_\_\_\_\_

How will this award be acknowledged by your organization?

\_\_\_\_\_  
\_\_\_\_\_

**Please complete and deliver no later than **Friday, October 5, 2018** at 5:30 p.m. to:**

L.A.C.E. Committee  
Bethania Lutheran Church  
4120 Wright Avenue  
Racine, WI 53405