

The Grace Foundation of Destin

125 Main Street

Destin, FL 32541

Thank you for your interest in applying for a grant through the Grace Foundation of Destin. Grants are awarded two times a year. The Grant applications are due April 30th and October 31st. Funding priorities are based on the information provided below and are determined by the Board of Trustees.

To the honor of Jesus Christ, The Grace Foundation of Destin seeks to extend the healing and hope of Jesus through Grace Lutheran Church to our community and beyond, helping those in need wherever they may be found.

**GUIDING PRINCIPLES:**
It is the will of our Lord Jesus Christ that His disciples should preach the Gospel to the whole world (Mark 16:16, Matthew 28:18-20, Acts 1:8), unite in worship (Hebrews 10:24-25); practice fellowship with one another (Acts 2:42); witness to all people (Acts 1:8); help each other grow in the Word (Ephesians 4:11-14); administer the sacraments (Matthew 28:19, Matthew 26:26) and serve the needs of all people in Christian love (Ephesians 4:7-16, Mark 10:42-44, John 13:35, Galatians 6:10).

**GRANT PROPOSALS ACCEPTED FOR:**

* Programs that connect service and/or recipients to the Foundation’s faith values as described above
* Those that impact an underserved and disadvantaged group of faithful, Christian people
* Programs with clearly defined objectives, qualified and committed leadership, and a Gospel focus
* Capital projects that support programs and goals as defined above
* Proposals are favored that involve Christian organizations, Christian volunteers, or connect to Christian congregations

**CONTACT INFORMATION:**

 Greg Schilling

 gdschilling@cox.net

 Phone: (850) 240-2815

 Mike Wind

 mike@gracedestin.com

 Phone: (850) 598-0363

THE GRACE FOUNDATION OF DESTIN

GRANT AWARD APPLICATION

Instructions: Complete the attached application. Submit only the requested information.

Handwritten copies are accepted.

The Grant Application may be scanned and e-mailed to:

 Cindy Theriault

 Lovetowin14@gmail.com

 760-224-0777

 Mike Wind

 mike@gracedestin.com

 Phone: (850) 598-0363

Or it may be mailed or hand deliver to:

 Grace Lutheran Church

 c/o The Grace Foundation of Destin

 4325 Commons Drive West

 Destin, FL 32541

 Attn: Mike Wind

 Phone: (850) 654-1679



The Grace Foundation of Destin

125 Main Street

Destin, FL 32541

**GRANT APPLICATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Application: |   | Application Submitted To: |  |

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| --- |
| **Organization Information** |

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| --- | --- | --- |
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Name of the Organization Legal Name (if different)

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| --- | --- | --- |
|  |  |  |

Street, City, State, Zip Code Employer Identification Number

|  |  |  |
| --- | --- | --- |
|  |  |  |

Phone Number Fax Number

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Web Site

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Name of Top Paid Staff Title

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| --- | --- | --- |
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Phone Number E-Mail Address

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Name of Contact Person Title

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| --- | --- | --- |
|  |  |  |

Phone Number E-Mail Address

Is your organization an IRS 501(c)(3) Not-for-Profit? [ ]  Yes [ ]  No

*If no*, is your organization a public agency/unit of government? [ ]  Yes [ ]  No

**Proposal Information**

Please give a 2-3 sentence summary of request:

Population served:

Geographic area served:

Funds are being requested for (check one)

[ ]  General Operating Support [ ]  Start-Up Costs [ ]  Capital

[ ]  Project/Program Support [ ]  Technical Assistance

[ ] Other (list):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|

|  |
| --- |
| Project date: |

 |  | Fiscal year end:  |  |

**Budget**

|  |  |  |
| --- | --- | --- |
| Dollar amount requested: | $ |  |
|  |  |  |
| Total annual organization budget: | $ |  |
|  |  |  |
| Total project budget (for support other than general operating): | $ |  |

**Authorization**

|  |
| --- |
|  |
| Name of Top Paid Staff or Board Chair |

|  |
| --- |
|  |
| Signature |

|  |
| --- |
| **Proposal Narrative** |

# Organization Information

## Brief summary of organization history, including the date your organization was established.

## Brief summary of the organization’s mission and goals.

## Brief description of organization’s current programs or activities, including any service statistics, strengths, and accomplishments. Please highlight new or different activities, if any, for your organization.

## Your organization’s relationship with other organization’s working with similar missions. What is your organization’s role relative to these organizations?

## Number of board members, full-time paid staff, part-time paid staff and volunteers.

**Grant Request Information**

1. Christian Affiliation:
	1. Does your Organization identify as Christian? [ ]  Yes [ ]  No
	2. Does your Organization identify as Lutheran? [ ]  Yes [ ]  No
	3. If Lutheran, which Synod are your affiliated with? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	4. If not Lutheran, which denomination(s) do you most identify with? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How is the Gospel Shared with your Organization’s Target Demographic:
	1. Directly through the Teaching God’s Word from the Bible [ ]
	2. Indirectly through Actions and Deeds [ ]
	3. Gospel Not Shared [ ]
3. What is the Focus of the Request as it relates to project and the sharing of the Gospel?
	1. Focus is to Share the Gospel and the Love of Jesus [ ]
	2. Focus is the Gospel, however the Project is also Emphasized [ ]
	3. Focus is the Project however the Gospel is also Emphasized [ ]
	4. Focus is the Project only [ ]

If you checked a, b or c, please describe how the Gospel will be shared or emphasized: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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1. **Grant Request Funding Impact on your organization/project**. Please describe the impact this request would have on both the project’s budget as well as for the organization’s budget. For example, the $10k request would be 10% of the organization’s budget and 90% of the project budget.

**Project Impact**

* 1. Greater than 75% of project funding [ ]
	2. 50-75% of project funding [ ]
	3. 25-50% of project funding [ ]
	4. 0-25% of project funding [ ]

**Organizational Impact**

* 1. Greater than 75% of Organization’s funding [ ]
	2. 50-75% of Organization’s funding [ ]
	3. 25-50% of Organization’s funding [ ]
	4. 0-25% of Organization’s funding [ ]
1. Additional Comments:
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**Attachments/Required Documentation**

1. Finances
	1. Most recent financial statement from most recently completed year, audited if available, showing actual expenses. This information should include a balance sheet, a statement of activities (or statement of income and expenses) and functional expenses.
	2. Organization budget for current year, including income and expenses.
	3. Project budget, including income and expenses.
	4. Additional funders: List names of corporations and foundations from which you are requesting funds, with dollar amounts, indicating which sources are committed or pending.
2. List of board members and their affiliation
3. Brief description of key staff, including qualifications relevant to the specific request
4. A copy of your current IRS determination letter (or your fiscal agent’s) indicating tax-exempt 501(c)(3) status if applicable