



The Grace Foundation of Destin

4325 Commons Drive West
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.

MISSION STATEMENT

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.

GRANT PROPOSALS ACCEPTED FOR:

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

GRANT PROPOSALS DISCOURAGED FOR:

- Ordinary operation expenses
- Specific individuals when their efforts are compliant with our values
- Unrestricted grants

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



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Destin, FL 32541

GRANT APPLICATION

Date of Application: _____ Application Submitted To: _____

Organization Information

_____	_____
Name of the Organization	Legal Name (if different)
_____	_____
Street, City, State, Zip Code	Employer Identification Number
_____	_____
Phone Number	Fax Number
_____	_____
Web Site	
_____	_____
Name of Top Paid Staff	Title
_____	_____
Phone Number	E-Mail Address
_____	_____
Name of Contact Person	Title
_____	_____
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

- A. Brief summary of organization history, including the date your organization was established.
- B. Brief summary of the organization's mission and goals.
- C. 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.
- D. Your organization's relationship with other organization's working with similar missions. What is your organization's role relative to these organizations?
- E. Number of board members, full-time paid staff, part-time paid staff and volunteers.

Relationship to Christian Bodies or Christian Volunteers

Purpose of Grant

A. Situation

1. Who do you plan to help?
2. The opportunity, challenges, issues, or need within the community that your proposal addresses.
3. How that focus was determined and who was involved in that decision-making process.

B. Activities

1. Overall goal(s) regarding the situation described above.
2. Objectives or ways in which you will meet the goal(s).
3. Specific activities for which you seek funding.
4. Who will carry out those activities?
5. Time frame in which this will take place.
6. How the proposed activities will benefit the community in which they will occur, being as clear as you can about the impact you expect to have.
7. Long-term funding strategies (if applicable) for sustaining this effort.

Evaluation

- A. Please describe your criteria for success. What do you want to happen because of your activities? Please describe both immediate and long-term effects.
- B. How will you measure these changes?
- C. Who will be involved in evaluating this work (staff, board, constituents, community, consultants)?
- D. What will you do with your evaluation results?

Attachments/Required Documentation

1. Finances
 - A. 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.
 - B. Organization budget for current year, including income and expenses.
 - C. Project budget, including income and expenses.
 - D. 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