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| **Lutherans in Medical Missions**  **Grant Application Form** | | | | |
| **Organizational Information** | | | | |
| Application date: |  | | | |
| Name of  Organization |  | | | |
| Organization Address: |  | | | |
| Organization  Phone Number: |  | Organization Website: |  | |
| Organization Email Address: |  |  | | |
| Contact person: |  | | | |
| Contact Person’s Mailing Address |  | | | |
| Contact Person’s Email Address: |  | Contact Person Phone Number: |  | |
| **Proposed Project Information** | | | |  |
| Project Name: |  | | | |
| Start/Finish Dates: |  | | | |
| Location of Project: |  | | | |
| Describe how your project shares Christ’s love with underserved populations. |  | | | |

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| Other Partners/ Organizations associated with this project and describe their contribution to this project: |  | |
| Other Funding Sources for This Project: |  | |
| Amount  Requested from LIMM: |  | |
| **Project Narrative** | |  |
| Please share with us in 1-2 sentences how this project relates to the mission statement and vision of  Lutherans in  Medical Missions (see cover letter): |  | |
| Who will be your target population? |  | |
| What needs or problems will be addressed? |  | |
| What outcomes are you seeking? |  | |
| What will you do to accomplish these outcomes? |  | |
| How will you define success? |  | |
| What tools will you use to measure success (evaluation model)? |  | |
| Describe the extent to which this project is based on approaches that have been effective in other settings? |  | |
| **Budget Narrative** | |  |
| Detailed description of  Project  Expenses: |  | |
| What will you do if you don’t receive full funding for this project? |  | |
| Please include a copy of your organization’s financial page. |  | |
| Include any additional information that the Board should know about this project (optional) |  | |