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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) |  |