



Northwest Intermountain Synod *SHARE Grant Application*

The SHARE Endowment Fund awards grants annually for new congregational starts, refocus/new mission opportunities in struggling congregations, assistance to congregations and rostered leaders (sabbaticals or urgent needs). The Executive Committee of Synod Council awards grants from the endowment fund each spring.

SHARE grant applications must be returned to the synod office by March 15, 2024
Please submit the completed document [here](#)

Date of Application: _____ Congregation / Ministry Name: _____

Address/City /State: _____

Congregation/Ministry Website: _____

Contact Person: _____ Phone # _____ Email: _____

Roster/Ministry Leader: _____ Phone # _____ Email: _____

Grant Categories (check only one)

- 1. New mission start. Maximum request \$8,000. If more than \$8,000 is needed, show what additional funds would cover.
- 2. Refocus, re-energize mission opportunities in struggling congregations. Maximum request \$7,000.
- 3. Support for ministries occurring within the Northwest Intermountain Synod. Maximum request \$8,000 for and ELCA ministry or \$5,000 if a non-ELCA ministry.
- 4. Assisting in providing educational/sabbatical opportunities for rostered leadership, or providing pastoral support to a congregation during a sabbatical. Maximum request \$5,000.
- 5. Support for congregations whose rostered leader, due to unforeseen circumstances, needs assistance. Maximum request \$5,000.

Additional Information

Does the congregation use an online giving platform? ___ Yes ___ No

Please check platform: Tithe.ly ___ Vanco ___ Bank ACH ___ Simply Giving ___ Other _____

Congregations must include a copy of your 2023 parochial report with this application.

Amount applied for \$ _____ Minimum required (if applicable) \$ _____

Has this ministry location received SHARE grant funding in previous years? If so, which years, for what projects and how much funding?



Questions for Grant Categories 1, 2, and 3 from previous page.

1. Description of Ministry/Project and goal(s): type of project/program and how long has it been in existence, who it serves, who are your congregation or ministry partners, etc.
2. How is this ministry/program being supported presently? (Include current and anticipated budget information, staff time, lay participation, other community organizations, etc.)
3. How will grant funds be used to achieve your goals? Please show a budget of how funds will be spent.
4. Has funding for this ministry project been **applied for** from other sources? Yes_____ No_____
If yes, please list amount and expected date of notification:
5. Has funding for this ministry project been **received** from other sources? Yes_____ No_____
If yes, please list amounts and sources:
6. What measures will this ministry/program use to evaluate success and/or results?
7. How will this ministry/program sustain itself in the future?



Questions for Grant Category 4 from Page 1

1. Describe the rostered leader's planned continuing education or sabbatical including dates, duration, and personal goals.
2. Provide a budget of how requested funds will be spent such as identifying travel costs, education costs, supply pastor costs, pastoral care costs, etc.
3. Describe how the rostered leader's congregation will benefit from the continuing education or sabbatical experience once the rostered leader returns.
4. Also submit a copy of your congregation's sabbatical policy. For an example of a sabbatical policy, please contact the synod office: office@nwimsynod.org

Questions for Grant Category 5 from Page 1

1. What is the unforeseen situation where assistance is needed?
2. Provide a budget of how requested funds will be used, such as help with excessive medical bills or providing a supply pastor and/or pastoral care if the rostered leader is unable to serve.



Grant reporting requirement: Grant recipients must provide the Synod Council with information on use and impact of grant funds. A report form will be provided towards the end of the one year grant cycle, which will include a request for photos and a story for grant categories 1-4.

SIGNATURES:

Congregation Council President _____ **Date** _____

Printed Name & Phone # _____

Rostered or Ministry Leader _____ **Date** _____

Printed Name & Phone # _____

Please upload and submit this document to this link: <https://forms.gle/CDAWGvAmtRWdoMqeA>