

(Please Print)

Congregation Name: _____

Date: ___ / ___ / 20___

Mission / Project Name: _____

Director / Coordinator: _____

Pastor: _____

Address: _____

Website: _____

Email: _____

Phone Number: (____) ____ - _____

Purpose: _____

Amount Requesting: \$ _____
(up to \$500.00)

Total Project Cost: \$ _____

Beginning Date of Project: ___ / ___ / 20___

End Date of Project: ___ / ___ / 20___

Geographic Area to be Served: _____



Please enclose the following (do not staple):

- The current budget for the project/mission work

An entity is eligible to apply for a Small Mission Grant if it is **one** of the following:

- An LCMS church in good standing with Pittsburgh Area Lutheran Ministries (PALM)
- An unchartered LCMS chapel in good standing with PALM
- A Recognized Service Organization in good standing with PALM and the LCMS
- Has received notice from the PALM Board of Directors that they are an eligible entity

An entity may apply to up to **two (2) grants per year**. At the discretion of the PALM board of directors, an additional application may be allowed if the project/mission work differs significantly from the original 2 applications.

I certify that a report will be made to PALM within **one (1) month** after the End Date of Project as noted in the application, stating:

- How the grant funds were being spent.
- The impact that the mission/project had on the people being served includes statistical, anecdotal, and photographic data that will be suitable for publication in *The PALM Digest* and/or *The Pittsburgh Lutheran*.

I certify, to the best of my knowledge, that:

1. The applying entity is eligible for a grant
2. The applying entity does not support or engage in any unlawful activity,
3. If a grant is awarded to this congregation, the proceeds of the grant will not be distributed to or used for any other unlawful purpose, and
4. All statements in this application are complete and true, and information is given to induce the grantor to approve the grant for which this application is made.

_____ / ____ / 20____
 (Director / Coordinator) (Date)

_____ / ____ / 20____
 (Pastor) (Date)

Completed forms can be submitted either to directors@palmpa.org or:

Pittsburgh Area Lutheran Ministries
ATTN: Treasurer
535 N Neville Street
Pittsburgh, PA 15213-2812

