



# EVANGELICAL LUTHERAN CHURCH IN CANADA WOMEN OF FAITH FUND

## Grant Information and Application Form

Using the following form, application can be made for grants from the *ELCIC Women of Faith Fund*. The *ELCIC Women of Faith Fund* was established by the National Church Council (NCC) to the Glory of God and in recognition of the significant contribution of the women of the Evangelical Lutheran Women of the Evangelical Lutheran Church in Canada. Annual grants shall encourage and facilitate the Christ-centered ministry of women within the ELCIC and *In Mission for Others*.

Proposals which support the Women of Faith Fund goals shall be considered. The goals are:

- To nurture faith and spiritual growth
- To foster supportive communities
- To develop leadership skills
- To work towards justice and peace

Preference will be given to proposals that maximize the potential of touching the lives of many women.

### **Submission of Applications**

Grant applications must be completed and submitted **no later than May 1** by email to: [womenoffaithfund@elcic.ca](mailto:womenoffaithfund@elcic.ca) or by mail to the ELCIC National Office at:

ELCIC Women of Faith Fund  
600-177 Lombard Ave  
Winnipeg, MB R3B 0W5

Successful applicants will be notified by May 31.

### **Reporting**

The *ELCIC Women of Faith Fund* advisory committee will work with you to make arrangements as to how, when and to whom the money will be distributed for your project once grants are approved.

Upon completion of your project, you will be required to complete a written report and provide a financial accounting of your grant by May 31. Receipts are required for all expenditures. If applying for funding for a second year for the same project, the written report and financial accounting must be submitted by May 1.

Unused grant funds will need to be returned to the *ELCIC Women of Faith Fund*.



**EVANGELICAL LUTHERAN CHURCH IN CANADA**  
**WOMEN OF FAITH FUND**  
**Grant Application Form**

Date of Application: \_\_\_\_\_

Name of Project: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City/Province/Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Who will be overseeing the project? \_\_\_\_\_

Address: \_\_\_\_\_

City/Province/Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Amount of Grant Requested: \_\_\_\_\_

Organization Name for Grant Cheque: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Province/Postal Code: \_\_\_\_\_

1. What is the goal(s) of the project?

2. How do the project goal(s) address the goal(s) of the fund?

3. Provide a brief description of the project.

**Women of Faith Fund - Grant Application Form**

4. Who will benefit from this project?

5. What is the proposed budget for your project?

6. How will the grant be used within this project?

7. What is the anticipated time line?

Are you willing to write a short article about your project?

Yes     No     Maybe

Please note: Your response to this question will have no bearing whatsoever on whether or not your project is funded

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Return completed application form to:**

By email: [womenoffaithfund@elcic.ca](mailto:womenoffaithfund@elcic.ca)

By mail: *ELCIC Women of Faith Fund*, 600-177 Lombard Avenue, Winnipeg, MB R3B 0W5

**For Office Use Only**

Date of application received: \_\_\_\_\_ Authorizing signature: \_\_\_\_\_

Date of application approved: \_\_\_\_\_ Date paid out: \_\_\_\_\_

Amount approved: \_\_\_\_\_ Cheque No: \_\_\_\_\_