**Indiana-Kentucky Synod Grants**

**for ELCA Congregations, SAWCs, and Campus Ministries**

**Food Ministry Grant**

*These grants are made possible by a gift*

*from the Clifford and Nancy Ball bequest to the Indiana-Kentucky Synod*

**Food Ministries:** Grants to assist mission centers of the synod to continue to fund their own food ministries such as food pantries or community meals.

**Criteria:**

* Available to any ELCA Congregation, Synod Authorized Worshipping Community, or Campus Ministry in Indiana or Kentucky. (This grant is available to congregations, SAWCs, and campus ministries only, not other types of organizations or nonprofits.)
* These are not pass-through grants for funding other ministries or organizations (i.e., a pass-through would-be purchasing food and then giving it to a community organization, or giving the money to a community organization or another congregation).
* This grant is for already established food ministries. Only one grant will be awarded per food ministry and only one grant per congregation.
* Preferential consideration will be given to supporting food and supplies rather than equipment.
* The application must include an itemized budget on the completed table included in the application.
* Maximum grant request: $1,500.
* Matching amount 10%, meaning the grant recipient will show the additional 10% above and beyond the grant amount.
* Grant deadline: Wednesday, August 28, 2024

**Application for Food Ministry Grant Funds**

**Indiana-Kentucky Synod Grants**

**for ELCA Congregations, SAWCs, and Campus Ministries**

Name of Congregation/SAWC/Campus Ministry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address of Congregation/SAWC/Campus Ministry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe the food ministry that will be funded by this grant.

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Length of time this food ministry has been happening in your congregation/

SAWC/Campus Ministry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Frequency of this ministry: (weekly/monthly, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours of operation for this ministry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Average number of people served by this ministry each time it occurs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of volunteers:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of volunteer hours:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you advertise this ministry in your community? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What kind of support do you receive or outside resources do you make use of for this ministry beyond your congregation/SAWC/Campus Ministry (i.e., food banks, community gardens, other organizations like Gleaners/Feeding America, etc.)

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In what ways has/will the grant help pivot your mission center toward increased visibility in the community?

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How does this ministry impact your community?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Specifically, how will this grant money be used to support your food ministry?

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Requested grant amount (up to $1,500): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Congregational 10% share of requested amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please complete the budget table on page 4.***

Please return this application to Nancy Nyland ([nnyland@iksynod.org](mailto:nnyland@iksynod.org))

by Wednesday, August 28, 2024

Thank you!

**Budget Table**

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| Items | Amount |
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| Total Cost |  |
| Grant Amount Requested |  |
| Matching 10% Grant Amount |  |