CAMPUS MINISTRY GRANT

APPLICATION FOR GRANT

Submit to: BC Synod Council Executive

80 East 10 Avenue, New Westminster, BC V3L 4R5

or Email bcsynod@elcic.ca

Name of Congregation/Ministry: City:

1. Proposal Title:
2. Application Date:
3. Description of Proposal:
4. Objectives of Proposal:
5. Administrative Relationships:

Who is responsible to administer the proposal and complete reporting requirements Name:

Address:

Phone number: Email:

Who will be involved in carrying out the proposal? (i.e. individuals, congregations, synod, committees, etc.)

1. Proposal Budget: $ (Up to $5,000). Who will be responsible for sharing the financial accounting after the funds are received?

Name: Phone:

Email:

1. Timeline:

How long will this proposal take from start to finish and what is the timeline?

1. Learning: Who will be responsible for sharing the story and the learning from this proposal to the BC Synod Council Executive? The reporting task need not be onerous, but what we are looking for is hearing your stories, sharing in your learning, and passing them along so they may inspire others.

Name:

Address:

Phone: Email:

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| FOR OFFICE USE ONLY | DATE |
| Received by: |  |  |
| Reviewed by Synod Council Executive |  |  |
| Approved $ |  |  |
| Funds Forwarded |  |  |
| Reflections-Learnings |  |  |
| Financial Reporting Completed |  |  |