

**CHRISTIAN HERITAGE ENDOWMENT FUND
LCMS NEW JERSEY DISTRICT
GRANT APPLICATION**

Name of Congregation _____

Address _____

City _____ Zip Code _____

Contact Person _____

Telephone: Home _____ Cell _____ Fax _____

PROJECT GOAL: _____

AMOUNT REQUESTED: _____

Type of Grant requested. Check one of the following

- **Grant for new ministry, outreach mission** _____
(Up to 50% of project total, up to 3 year renewable,
Or total, based on merits of project)

- **Training in leadership development, house church leaders** _____
(Up to 50% or to a maximum of \$1000)

- **Matching grant for technology:** (Up to 50% of project) _____

- **Matching grant to assist bringing message to disabled.** _____
(up to 50% of project)

- **Church Worker Sabbatical Matching Grant:** _____
(Up to 50% of project)

CHEF GRANT APPLICATION, *continued*

Please provide brief answers to the following questions. Use attachments if needed.

1. Amount of grant monies requested. _____

2. What percentage of the total project is this grant request? _____

3. A. What is the goal of your project?

B. What are your hopes for how your church will be different as a result of this project?

How do you hope God's Kingdom will grow as a result of this project?

4. What are the specific objectives to reach the goal of your project?
 - a.
 - b.
 - c.
 - d.

5. What congregational resources (volunteer services, technology materials, etc.) are being planned in the implementation of this project?

6. What are the plans for informing your congregational members and others of CHEF support?

7. What is the average weekly church attendance presently at your church?

8. Upon approval of this grant, you (signatures below) agree to submit a written report summarizing the accomplishments of the project for which the grant was given, one year from the date of approval.

SIGNATURES REQUIRED:

Congregational President _____

Pastor of Congregation _____

Application Date _____