

**Designated Fund for the Emerging Future of Religious Life**

**2025 Application Form**

* **Please read the Guideline before completing this form.**
* **Use the tab key to enter text. Shaded boxes will expand as you type.**
* **Complete your application and send to Tesha Bush** at [tbush@lcwr.org](mailto:tbush@lcwr.org).
* Submission deadline is October 2, 2024.
* Review of application and notification by December 15, 2024.
* If approved, grants will be dispersed by December 31, 2024, for use in 2025.
* Evaluation feedback due on or before March 1, 2026.

**APPLICATION INFORMATION**

***An LCWR congregational leader must sponsor/sign this application.***

Project Name

Religious Congregation/LCWR Region/Organization, Sponsoring LCWR Congregation, etc.

Project Contact Information

Name       Title

Street Address

City       State       Zip code

Phone number       Email

Signature of Contact Person

Signature of LCWR Congregational Leader

**PROJECT DESCRIPTION**

**Project Summary**: Provide a brief (3-5 sentences) summary of the project, including how it aligns//meets with criteria of the grant.

**Needs Assessment**: Describe what needs or challenges will be addressed and who will benefit from this project.

**Goals/Benefits**: Describe the goals of this project and what benefits you expect from this project.

**Methods/Activities**: Describe what methods or activities you will use to achieve your goals, including timelines and milestones.

**Team**: List who will be involved with implementing this project with a brief description of their role.

List any other entities you plan to collaborate with to implement this project:

**Evaluation Plan**: Describe how the success of the project will be measured or assessed as to whether it has met its goals.

**Long Term Impact**: Describe how the project will have long-term impact and deepen the core of emerging religious life for the future.

**FUNDING REQUEST**

**Project**:

Person submitting grant:

Email:       Phone:

Address:       City:       State:       Zip code:

Total Budget: $      Total Amount Requested: $

**BUDGET** (add rows as needed)

|  |  |  |
| --- | --- | --- |
| **EXPENSES** | Amount | Explanation |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Revenue** | $ |  |
|  |  |  |
| **REVENUE/FUNDING SOURCES**  **List any other revenue sources for this project (e.g., grants, program fees, in-kind, donations)** | Amount | Status: Are these funds pending or approved? |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Total Expenses | $ |  |
|  |  |  |
| Grant Request | $ |  |

|  |  |  |  |
| --- | --- | --- | --- |
| For LCWR Use Only: |  |  |  |
| Date Received: |  | Approved Date: |  |