



## PARTNERSHIP SUPPORT APPLICATION

**\*\*This form must be completed and submitted ELECTRONICALLY.  
Please provide answers to all questions.**

### SECTION A: CONGREGATIONAL INFORMATION

Ministry Name: \_\_\_\_\_

Congregational ID Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
LINE 1 LINE 2 CITY STATE POSTAL CODE

Name of Pastor: \_\_\_\_\_ Length of Current Call: \_\_\_\_\_

Director for Evangelical Mission: \_\_\_\_\_

Synod Name: \_\_\_\_\_

### SECTION B: GRANT CATEGORY AND INFORMATION

1. Select the Grant Program to which you are applying :

- |                                                                    |                                                                |                                                                         |
|--------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> 130-130 Ministry Adjustment               | <input type="checkbox"/> 130-150 African-American/Black        | <input type="checkbox"/> 130-175 Specialized Ministries                 |
| <input type="checkbox"/> 130-135 Transformational Ministry         | <input type="checkbox"/> 130-155 Hispanic/Latino               | <input type="checkbox"/> 130-180 Poverty – Word and Sacrament           |
| <input type="checkbox"/> 130-140 Merger, Consolidation, Relocation | <input type="checkbox"/> 130-160 Asian                         | <input type="checkbox"/> 130-185 Poverty – Word and Service             |
| <input type="checkbox"/> 130-145 Synod Administration              | <input type="checkbox"/> 130-165 American Indian/Alaska Native | <input type="checkbox"/> 130-190 Poverty – Community Service/Organizing |
|                                                                    | <input type="checkbox"/> 130-170 Arab/Middle Eastern           |                                                                         |

2. Requested amount of grant:

Amount: \_\_\_\_\_ Amount: \_\_\_\_\_ Amount: \_\_\_\_\_

Fiscal Year 1: \_\_\_\_\_ Fiscal Year 2: \_\_\_\_\_ Fiscal Year 3: \_\_\_\_\_

3. Has the Annual Congregational Report Form been submitted to the ELCA?  Yes  No

4. Synod Financial Commitment in the next fiscal year: \_\_\_\_\_

5. Has Partnership Support been allocated to this ministry in the past?  Yes  No

**SECTION C: MISSIONAL PLAN BACKGROUND**

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1. If this is a new application, describe who developed the mission plan and how neighboring congregations, institutions and organizations (including the synod) were engaged in the discussion and planning.

2. Describe how this ministry fits into the synod's strategy for mission.

**SECTION D: MISSION FIELD AND CONTEXT**

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1. What is the opportunity that compels you to request this grant to assist your congregation?

2. Write a short description of your community, including a brief demographic analysis, and identify the target area for your ministry.

3. Write a brief summary describing the history of your congregation and what it looks like today.

4. List your congregation's average worship attendance over the past 10 years and provide information regarding significant changes in attendance.

**SECTION E: PARTNERSHIP SUPPORT GENERAL CRITERIA**

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1. How has your congregational renewal process already started? How are you grounded in ongoing study, prayer, and action?

2. List the endowments, savings, and other assets of the congregation. If the congregation has significant financial resources, clarify financial need for Partnership Support.

3. What is your congregation's Mission Support plan? If the Mission Support to the synod is not at 10% or higher, what is the plan to increase toward a goal of 10% or higher?

4. Describe how your congregation will network with other congregations, synods, ecumenical partners, and community organizations for healthy and vital ministry.

**SECTION F: OBJECTIVES AND PLANNING ACTIVITIES**

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Please respond to each question with goals, objectives and strategies for each of the Partnership Support program criteria in this section using SMART (Specific, Measurable, Attainable, Realistic, and Timely) goal format.

1. What is your congregation's plan leading to significant numerical growth in worship and participation in the life of the congregation?

2. What is your plan to develop, equip, and empower self-reliant leaders?

**3. What is your congregation's plan to reflect the diversity of the mission field and community?**

**4. What is your congregation's plan to develop the discipleship/faith practices of the ministry participants?**

**5. What is your holistic, year-round stewardship plan which includes sound stewardship perspectives, practices, and skills?**

**6. What is your plan for developing worship and music ministry that is relevant to the community?**

7. What is your plan for partnering with the community to bring about change?

**SECTION G: ATTACHMENTS**

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Please attach detailed budgets for both the prior year and the start year of the grant, including the following:

- A. List all sources of revenue/income.
- B. Itemize all expenses.

Please attach a copy of the Congregational Trend Report.

The Trend Report can be accessed at the following website: [www.elca.org/trendreport](http://www.elca.org/trendreport)

Date Submitted: \_\_\_\_\_  
MM/DD/YYYY