

Date: _____

APPLICATION FOR FUNDING

Our Legacy. Your Future.

Funding + Partnerships for Your Organization to Flourish



Legacy Funding from Hosanna Lutheran Church

Mission Statement

Hosanna Lutheran Church commits to supporting any underserved populations in our area by meeting their basic human needs with our time, talent and treasury.

- Giving a safe place to worship
- Giving a safe place to meet, talk and live as a community
- Demonstrating the Gospel to those

those

in need with our ability to supply assistance.

Please complete the following funding application (you may request a digital copy of this PDF or prepare an attachment with your responses) and return to **Hosanna Lutheran Church** (222 S. Jefferson St., Covington LA 70470) or Email: Officemanager@hosannalutheran.com).

Name of Individual or Organization _____

Address (Include Street or P.O. Box, City, and State)

Contact Person _____

Project Title: _____

Funding Amount Requested: _____

Focus Area: (e.g. Hunger Relief, Educational Opportunity, Shelter, Other (specify):

Type of Project: __ One-time Project __Recurring Project (weekly/monthly/annual)

Project Description (*Briefly describe the project including:*

- Why is this project needed?
 - Who will the project serve?
 - What is the expected outcome?)
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Project Timeline (Start and Completion Dates): _____

Describe how your project aligns with **Hosanna Lutheran Church's** Exalt Program's Mission Statement:

How will you measure the project's success? (*e.g., Number of people fed*)

Describe your organization or yourself (if applying as an individual):

- Are there opportunities for engagement through volunteering or other initiatives?
 - If an organization, what are your key programs and how do you measure their success?
 - If an individual, what projects have you accomplished and how did you measure your success?
 - Provide data on the number of people served and the positive impact you or your programs have made?
 - If an organization, what is your financial status?
 - Are you registered as a 501(c)(3) non-profit organization?
 - How much of your donations go directly to program services versus administrative costs?
 - Can you provide access to your latest financial statements and annual reports?
 - If an individual, what other assistance are you receiving or seeking?
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Reporting and Acknowledgement:

- How will you acknowledge **Hosanna Lutheran's** mission and donation publicly?
- How can you assist **Hosanna Lutheran Church** in promoting your project (e.g. photos, testimonials, etc.
- We will expect reporting on how our donation is being used. Who will be responsible for meeting our reporting requests? _____

Hosanna's Response and Accountability Form

Project Approved:

Project Approved with Modifications: _____

Project Declined _____

Reason for declining project _____

Who will be the Hosanna Project Liaison:

Name: _____

Email: _____

Telephone: _____

Project Volunteer Requirements:

__ Number of Hosanna Volunteers to be recruited

Plan for Delivering Funding:

Reporting Dates:
