



**(To complete:** Please download the document, rename, and save the file before completing. Send as an attachment by email to lbarnes@njsynod.org . Applications are due by August 31, 2021.)

Date: \_\_\_\_\_

Name of Applicant Ministry: \_\_\_\_\_

Address \_\_\_\_\_

City/Town/Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Person \_\_\_\_\_ Email: \_\_\_\_\_

Application Sponsor (Please indicate: Synod Team/Task Group or Mission District/Cluster. If application is submitted by an individual congregation, sponsorship by the Mission Cluster Counselor or Mission District Dean must be indicated:

\_\_\_\_\_

**SECTION 1:**

Ministry Project - Brief Description

Ministry Project Grant Goal(s)

Ministry Project Grant Plan Outline

**SECTION 2:**

Amount of Funding Requested: \_\_\_\_\_

Current Funding (if applicable) \_\_\_\_\_

Will this Ministry Project require funding beyond next year? If so, what is the plan for funding?

Describe local resources invested (or will be invested) in the Ministry Project:

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**SECTION 3:**

Describe this Ministry Project Grant's relationship to, or potential impact upon, any of the following

Urban Ministry:

Inclusiveness and celebration of diversity (color, language, ages, gender):

Needs of the Disadvantaged:

Mission innovation in changing situations:

Partnership with other ministries:

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**SECTION 4:**

Use the provided Excel sheet, to include a proposed Spending Plan for the Ministry Project, including staff costs, facilities needed, and program costs. Additional materials may also be attached, if such would be helpful in understanding the reason for or intent of the Ministry Project.

*Please complete and return by August 31, 2021 to:  
New Jersey Synod Fund for Mission, 1930 State Highway 33, Hamilton Square, NJ 08690  
or email [lbarnes@njsynod.org](mailto:lbarnes@njsynod.org)*