



## LUTHERAN DEVELOPMENT SOCIETY OF SACRAMENTO

### **Lutheran Development Society of Sacramento Trust Grant Application This is the only form valid for the 2022 Grant Year.**

The Lutheran Development Society of Sacramento Trust is a private trust established by the Lutheran Development Society of Sacramento (LDSS) Board of Directors to support religious, or other charitable purposes, within the meaning of section 501 (c) (3) of the Internal Revenue Code. This support will be accomplished through funding opportunities provided for projects supported by members of the LDSS and allied organizations which the Trustees believe model innovative approaches in utilizing resources to make a difference in the Sacramento region. The LDSS Trust Grants will be awarded to projects supporting leadership and implementation of ideas, actions, and programs beneficial to Lutherans, their congregations and institutions, and to communities within Sacramento County and the surrounding area.

Please be aware that the following criteria are considered when evaluating grant requests. Is the program:

- Innovative and creative, and will it make a difference in the community?
- Clearly stating purpose/goal, addressing a specific need, and identifying the target audience clearly?
- Covered by a clear and detailed budget, including both expenses and sources of revenue?
- Involving congregational monies?
- Evaluated for effectiveness, with clear measures of progress toward its goal?

**To be considered, your application must be emailed by March 31, 2022.**

E-MAIL: [GRIESSL@SBCGLOBAL.NET](mailto:GRIESSL@SBCGLOBAL.NET)

Phone inquiries can be made to LDSS President Lorna Griess, (916) 419-4074

**Eligibility: Only Lutheran congregations located within a 50-mile radius of Sacramento and who are members of LDSS may apply for a grant. To be a member of LDSS, dues of \$100 must be paid by January 31, 2022.**

Complete the application fully and follow all instructions. Additional pages may be used if necessary. Incomplete or improperly submitted requests will be rejected.

Upon your request the Grant Application process may include a short interview by the Grant Committee.



## LUTHERAN DEVELOPMENT SOCIETY OF SACRAMENTO

**LUTHERAN DEVELOPMENT SOCIETY  
OF SACRAMENTO  
P.O. BOX 60864  
SACRAMENTO, CA 95860-0864**

[Click here to enter a date.](#)

Grant No. [Click here to enter text.](#)

### 2022 GRANT APPLICATION

#### CONGREGATION NAME

[Click here to enter text.](#)

#### PROJECT TITLE

[Click here to enter text.](#)

#### MEMBER CONGREGATION INFORMATION

Name of Pastor <a href="#">Click here to enter text.</a>
Address of Congregation <a href="#">Click here to enter text.</a>
City/State/Zip <a href="#">Click here to enter text.</a>
Telephone <a href="#">Click here to enter text.</a>
E-mail <a href="#">Click here to enter text.</a>

#### GRANT AMOUNT REQUESTED (MINIMUM \$500, MAXIMUM \$5,000)

\$ [Click here to enter text.](#)



# LUTHERAN DEVELOPMENT SOCIETY OF SACRAMENTO

## Contact Information

### PROJECT TITLE:

Click here to enter text.

### PROJECT PARTICIPANTS:

List the name(s) and city of participating organization(s) (must include at least one LDSS member). List the organization that will act as the fiscal agent first:

Name of LDSS Congregation Click here to enter text.	City Click here to enter text.
Name of Congregation/Organization Click here to enter text.	City Click here to enter text.
Name of Congregation/Organization Click here to enter text.	City Click here to enter text.
Name of Congregation/Organization Click here to enter text.	City Click here to enter text.
Name of Congregation/Organization Click here to enter text.	City Click here to enter text.

### PROJECT CONTACT PERSON INFORMATION:

Name Click here to enter text.
Address Click here to enter text.
City/State/Zip Click here to enter text.
E-mail of Contact Person Click here to enter text.
Telephone of Contact Person Click here to enter text.
Congregation of Contact Person Click here to enter text.

### NAME OF PASTOR OR COUNCIL PRESIDENT OF SPONSORING LDSS MEMBER CONGREGATION:

Name of Pastor Click here to enter text.
Name of Counsel President Click here to enter text.



## LUTHERAN DEVELOPMENT SOCIETY OF SACRAMENTO

### PROJECT DESCRIPTION

1. Description of your project:

[Click here to enter text.](#)

2. Describe the target population and the number of people affected:

[Click here to enter text.](#)

3. What needs of the target population will be addressed?

[Click here to enter text.](#)

4. Specific goals you hope to accomplish:

[Click here to enter text.](#)

5. How will this project impact the community?

[Click here to enter text.](#)

6. How will you evaluate progress toward these goals?

[Click here to enter text.](#)

7. Identify the project evaluator and their qualifications:

**Name of Evaluator** [Click here to enter text.](#)

**Qualifications** [Click here to enter text.](#)

8. How will Lutheran Development Society of Sacramento be recognized for this grant?

[Click here to enter text.](#)



# LUTHERAN DEVELOPMENT SOCIETY OF SACRAMENTO

## PROJECT FINANCES

9. Organizations with matching funds will receive additional consideration. Please enter income, listing major funding sources (including in-kind service and volunteer hours)

	Income	Amount	Board Use Only
1	LDSS Grant Request	\$	
2	Click here to enter text.	\$	
3	Click here to enter text.	\$	
4	Click here to enter text.	\$	
5	In-kind Services.	\$	
6	Volunteer hours x \$15. Hrs _____ x\$15	\$	

Total Income [Click here to enter text.](#)

10. Below please provide an itemized list of anticipated project expenses.

	Expenses	Amount	Board Use Only
1	Click here to enter text.	\$	
2	Click here to enter text.	\$	
3	Click here to enter text.	\$	
4	Click here to enter text.	\$	
5	Click here to enter text.	\$	
6	Click here to enter text.	\$	
7	Click here to enter text.	\$	
8	Click here to enter text.	\$	
9	Click here to enter text.	\$	
10	Click here to enter text.	\$	

Total Expenses [Click here to enter text.](#)

11. If your grant request is funded for less than the amount desired, what alternative plans are in place, or how will the project be modified?

[Click here to enter text.](#)

12. An application is required each year for continued funding of any one project, not to exceed three consecutive years. Member congregations that have been awarded for one project for three consecutive years may not apply for further funding for that project for a period of three years thereafter.



## LUTHERAN DEVELOPMENT SOCIETY OF SACRAMENTO

### LDSS USE ONLY:

#### INITIAL EVALUATION

Date Received: [Click here to enter a date.](#)

Assigned to: [Click here to enter text.](#)

Date Assigned: [Click here to enter a date.](#)

Date of Initial Evaluation by Board Contact Person: [Click here to enter a date.](#)

Accepted

Rejected

If rejected, for what reason:

Date sent to Board of Directors :[Click here to enter a date.](#)

#### FINAL BOARD ACTION

Approved

Amount [Click here to enter text.](#)

Rejected

If rejected, for what reason:

[Click here to enter text.](#)