

**Mount Olive ACTS
Funding Application**
Mount Olive Lutheran Church, Mukwonago, WI

Mount Olive Lutheran Church is located in Mukwonago Wisconsin. We have been blessed with an amazing gift. Jesus challenges us to love and care for one another. We are all blessed differently and those with time or money to spare should share it with those who can use it. So we are planning to share this gift with agencies, organizations or individuals that serve others in our community and in the world at large.

Awards:

The number and size of each gift will be based on the needs of applicants and the merits of the request. In addition to a possible financial gift all applicants will have information about their program/initiative shared in Mount Olive's newsletter and on our website to increase awareness of your work and, by association, assist you with fund raising and, as needed, volunteer recruitment.

Eligible Applicants:

Any program or initiative that seeks to meet the needs of others is eligible to apply. Requests for matching funds to complement existing fundraisers are also eligible.

Timeframe:

The biannual application deadlines are February 28th and August 31st.

Application Process:

- Download and fill out the form and send to [*mto@mountolive-elca.net*](mailto:mto@mountolive-elca.net)
 - Please provide detail that supports your responses to ensure we can clearly understand the intent of your proposal.
 - You may attach additional supporting information or documents as needed.
- Attach at least one letter of recommendation / support from someone you have served or an associate apart from your organization.
- Please attach any related marketing information that is available.
- An interview with the Fund Development Team at Mount Olive to learn more about your request will be scheduled as needed.

Decisions:

The ACTS Fund Team at Mount Olive will review all applications within 90 days. Financial requests of \$10,000 or more may take an additional 90 days for an approval decision.

Follow-Up:

An invitation is extended to all recipients of a financial gift to provide follow-up information on your progress/success. This information is to be presented to Mount Olive 6 and 12 months after the gift is provided. The format of the reporting is at your discretion and is not meant to be labor intensive.

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Tell us about your program/initiative.

- What need(s) will you be meeting?
- Is this an unmet need?
- How significant is this need? Can you provide some research or numbers here?
- What community/area/region will you be serving?
- What are your goals?
- When do you need the requested funds?

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Tell us about yourself.

- What is your experience in this area?
- How have you or will you prepare to meet this need?
- What, if any, part of this project is already in place?

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How much money do you need for this program/initiative?

- How did you arrive at this number?
- How will you use the funds?
- Please complete the budget question below, if this is not a request for matching funds.

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Budget:

- Complete this section unless you are requesting only matching funds.

Item	Description	Amount
Staff expenses (salaries etc.)		
Administrative costs (insurance etc.)		
Travel		
Equipment		
Supplies/Materials		
Other Expenses		
Total		

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Aside from money, what other assistance may benefit your program/initiative?

- Volunteers/helpers, marketing etc.

If you or a co-applicant(s) have ever been part of a related lawsuit, bankruptcy or had a contract terminated, please explain.

Are you willing to sign a release for a background check? Yes / No

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Do you have any affiliation with Mount Olive or a member of Mount Olive (not required):

- Who do you know or how are you affiliated with Mount Olive?

Name of Applicant(s), please include address, email and phone number:

*** All applicants are asked to attach at least one letter of support/recommendation.**

Please note that Mount Olive will prayerfully consider all applications. Gifts will be given based on the merit of the request in terms of how well it fits with our mission to serve those in need. Approval will also be based on available funds and the responses provided in this application.

If you have questions about this application, please call 262-363-8251 or email mto@mountolive-elca.net

Thank you.

I, _____, verify that the information provided in this application is accurate to the best of my knowledge.

Signature: _____ Date: _____