## LUTHERAN CHURCH OF THE GOOD SHEPHERD MISSION ENDOWMENT FUND APPLICATION

Name of Organization or Individual(s)						
Requesting Funds:						
Contact Person:						
Mailing Address:						
Email Address:						
Phone Number(s):	Daytime:		Eve	ening:		
Date of Application:						
Amount Requested: (Awarded amount may be more or less.)	\$					
Is a similar application expected to be submitted annually?		□ Y	Zes .	1	No	
Describe the need, spending plan, objectives and any other relevant information. Include any information you feel will be of interest to the committee.						
(Attach a copy of your current budget.)						
Will a representative meet with the MEF			<u> </u>		<b>.</b>	
committee, if requested?		<u> </u>	es		No	
For Tax-Exempt Organizations Only: Attach FIRST PAGE ONLY of IRS Form 990.	Contributions		Special Events		Total	
Annual Revenue:	\$		\$		\$	
	Program Services	Manag	gement/General	Fundrai	sing	Total
<b>Annual Expenses:</b>	\$ \$			\$ \$		\$
Program Services Expense Ratio:	%					
	Beginning of Year		End of Year		Ф	Change
Net Assets or Fund Balances:	\$		\$		\$	

Submit Proposal To: Mission Endowment Fund

**Lutheran Church of the Good Shepherd** 

22 Fisher Road

**Brevard, North Carolina 28712** 

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