2025 Program - Application for a Financial Grant for Program Purposes

DEADLINE: Applications Received by 1st day of February, May, August, November Considered Quarterly as funds remain available. APPLY EARLY

<>< ><> <>< ><> <>< ><> <>< ><> <>< ><> <>< ><> <>< ><> <>< ><> <>< ><> <>< ><> <>< ><> <><

St. John ELCA Legacy Foundation of Saginaw
2525 Hemmeter Rd. (989) 799-5470 messages
Saginaw, MI 48603

Upon closing St. John ELCA in downtown Saginaw as a worship center 11-01-2020, the process began to complete the transformation of the trust into a foundation. Purpose approved 02-15-2021 by the Trust Board: The Corporation is organized exclusively to carry out the specific intentions of donors, many of who were members of the St. John Evangelical Lutheran Church of Saginaw. The Corporation will strive to continue the programs that were established by the St. John Evangelical Lutheran Church of Saginaw and to continue, develop, and offer support to programs and organizations that further the Gospel of Christ in the Saginaw Area. (City of Saginaw, Saginaw Township, Thomas Township, Freeland, Kochville Township, Swan Creek Township, James Township, Spaulding Township, Bridgeport Township, Albee Township, Tittabawassee Township, Carrollton Township, and Zilwaukee and Zilwaukee Township)

The Corporation is organized exclusively to receive and administer funds for religious, charitable, educational, literary, and scientific purposes as described in Section 501(c)(3) of the Internal Revenue Code (the "Code"), by promoting Christian education, community health and welfare, social welfare, feeding and supporting the needy, supporting and assisting troubled youth, and aiding the poor in the Saginaw Area, by making grants to organizations that qualify as exempt organizations under Section 501(c)(3) of the Code and conducting all activities incidental or necessary to accomplish the foregoing purposes or otherwise permitted by Section 501(c)(3) of the Code.

Other Qualifications:
FUNDS ARE AWARDED IN THE CALENDAR YEAR OF APPROVAL. EXPECTED TO USE THESE FUNDS WITHIN THE CALENDAR YEAR, AND RETURN THE EVALUATION FORM WITHIN 60 DAYS AFTER PROGRAM COMPLETION.

NAME OF AGENCY / FACILITY REQUESTING: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

WHERE WILL THIS PROGRAM BE HELD: _____

TIMELINE OF THE PROJECT start date _____ end date_____ A flyer is helpful

AMOUNT REQUESTED FROM US: $ _____ IRS TAX EXEMPT ID# _____

PROGRAM TOTAL BUDGET: $ _____

REQUIRED ATTACH DETAILS OF YOUR TOTAL PROGRAM BUDGET

INCLUDING YOU WHO ELSE IS SUPPORTING THIS PROGRAM **AND IN WHAT AMOUNTS**? (FINANCIALLY &/or SENDING VOLUNTEERS)

_____

ARE THERE SIMILAR PROGRAMS THAT HAVE, OR ARE RUNNING, AND WHAT WILL MAKE YOURS SUCCESSFUL?

_____

WRITE A BRIEF STORY OF YOUR PROGRAM GOALS (add sheets as necessary)

<> If this grant is intended to pay toward a NEW PROGRAM experience, give dates, location, fees, name of provider and a brief description of the program. A flyer copy is helpful.
<> If this request is for the purpose of paying toward an ongoing program, give the details of how long and the success of the program in the past should be explained.
<> How does this project fit with the reasons stated for this foundation's existence?
<> Who will benefit?
<> Who will perform the work?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

HAVING READ THE PRINTED QUALIFICATIONS, I/WE HEREBY APPLY FOR A GRANT IN THE AMOUNT TO BE DETERMINED BY ST JOHN ELCA LEGACY FOUNDATION OF SAGINAW.

PROGRAM LEAD SIGNATURE: X_____

LAST NAME: _____ FIRST NAME: _____

APPL PERSONAL PHONE: ( ) _____ FACILITY PHONE: ( ) _____

EMAIL: _____

……..

HAVING READ THE PRINTED QUALIFICATIONS, I/WE HEREBY APPLY FOR A GRANT IN THE AMOUNT TO BE DETERMINED BY ST JOHN ELCA LEGACY FOUNDATION OF SAGINAW.

CO PROGRAM LEAD SIGNATURE if applicable: X_____

LAST NAME: _____ FIRST NAME: _____

APPL PERSONAL PHONE: ( ) _____ FACILITY PHONE: ( ) _____

EMAIL: _____

……

FOR ELCA CHURCH APPLICANT USE ONLY - if applicable

ELCA CHURCH NAME AND LOCATION:

_____

I VERIFY A CURRENT, ONGOING WORKING RELATIONSHIP WITH THIS PROGRAM LEADER / CO-LEADER AND OUR CHURCH.

YOUR ELCA PASTOR in Saginaw Area: NAME _____

PHONE: ( ) _____ EMAIL: _____

Pastor Signature: X_____

……

I VERIFY A CURRENT, ONGOING WORKING RELATIONSHIP WITH THIS PROGRAM LEADER / CO-LEADER AND OUR CHURCH.

YOUR ELCA CHURCH COUNCIL LEADER: NAME _____

LEADERS TITLE _____

PERSONAL PHONE: ( ) _____ EMAIL: _____

LEADER SIGNATURE: X_____

……

THIS FORM MUST BE RETURNED WITHIN 60 DAYS OF THE END OF YOUR PROJECT.
ST JOHN ELCA LEGACY FOUNDATION OF SAGINAW

2025 **EVALUATION FORM**

NAME OF FACILITY THAT REQUESTED FUNDS: _____

PLEASE EXPLAIN:
WAS YOUR PROJECT SUCCESSFUL?
WHY OR WHY NOT?

HOW DID YOU MEASURE THE SUCCESS?

HOW DID YOUR PROJECT BEST FIT OUR CRITERIA?

IF YOU WERE TO DO THIS PROJECT AGAIN, WHAT CHANGES WOULD YOU MAKE, IF ANY?

HOW WERE THE GRANT FUNDS USED IN SUPPORT OF YOUR PROJECT?
(A short breakdown is all that is requested)

Thank you very much for your feedback:

St John ELCA Legacy Foundation of Saginaw Board
2525 Hemmeter Rd. Saginaw, MI 48603
(989) 799-5470 messages only