



Application ID  
2022-2335

Application Type  
Growing the Body of Christ - General

Organization  
Test ORG

Primary Contact  
Michelle Burmeister

Status  
Draft Application

**Please remember to "Save Draft" in order to ensure your work is saved.**

## Lutheran Affiliation

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### Lutheran Denomination

Please indicate which Lutheran church body your organization is affiliated with.

Please Select

We are Lutheran affiliated as a:  
Please Select

### Lutheran Affiliation Description

If you are not a church, copy the website address that shows your organization's listing on the associated church body's website. If you are not affiliated with a Lutheran church body in any of the ways described above, articulate the nature of your affiliation with the ELCA, LCMS, or WELS. If your affiliation is with a Lutheran church or school, upload documentation articulating that partnership.



## Lutheran Affiliation Partnership Documentation

If you are not affiliated with a Lutheran church body in any of the ways described in the drop down menu above and your affiliation is with a Lutheran church or school, upload documentation articulating that partnership.

## Lutheran Identity

Describe how your program includes Lutheran worship, teaching, or Bible study. Be specific and if certain Lutheran curriculum or materials are used, list it by brand name. If chapel or Bible studies are conducted by a Lutheran pastor(s), indicate the pastor's name, denomination and the relationship (e.g. is the pastor on staff, contracted, a volunteer, etc.).

## Budget

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Earned Revenue

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Grants

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Donations

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Total Revenue

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Expenses - Salaries and Wages

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Program Expenses

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Total Expenses

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Organizational

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## Organization Background and History

Please provide a brief background history of your organization. Note: if you previously worked with the Foundation, simply provide any updates since your last application that are relevant to this program and grant application.

What larger industry associations or ministries is your organization a member of or affiliated with and utilize for professional development and program improvement? Please list.

Does your organization currently collaborate with any others in your community who serve similar needs? If yes, please list them and describe how you work with or learn from them.

## Proposal Authorization

Please upload a **SIGNED** copy of the minutes of a meeting of your governing body or a resolution signed by your governing body chairperson, indicating authorization to submit this grant application. Please ensure it is signed, or your application will not be accepted.

If additional time is needed, please note that it must be submitted before the grant application can be reviewed by the Siebert Lutheran Foundation Board of Directors.

## Program & Outcomes

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Request is for:  
Please select

General Operating Support = may be used to cover expenses to sustain the day-to-day operations of your organization. This includes rent, salaries, and/or facilities/infrastructure expenses like utilities, technology, etc. In the Budget Table below you will be required to indicate how the grant funds would be allocated within your operating budget.

Program Name

Please create a simple, understandable name for your program application; we suggest a name that will be clear for our Directors and staff to understand as your program will be labeled as such in our internal system.



## Select Type of Program

Within the Growing the Body of Christ funding priority, Siebert provides funding for various types of programs. Please select the best description of your program, utilizing the drop-down menu below.

## Total Dollar Amount Requesting

How much are you requesting from the Siebert Lutheran Foundation in your grant application? If you're seeking funding for more than one year, this amount should be the sum of multiple years. Do not use a \$ symbol.

**Please provide the requested amount below. If you are requesting funding for one year, put the total amount in the Year 1 box. If you are requesting funding for two or three years, divide the total request among each year, based on how you are requesting it be distributed.** Do not use a \$ symbol.

Year 1

Year 2

Year 3

How many unduplicated individuals do you plan to serve through this program in a calendar year?

How many touchpoints (services) do you estimate you will have with people serve through this program in a calendar year?

## Program Description

Please provide a concise description of your program, including:

- How it will Grow the Body of Christ
- What needs in the Lutheran church or congregation it is intended to address
- Planned program activities
- The timeline for program/project implementation (estimated start and finish dates)
- What experience your organization or staff has in providing such programs or services

Please be as specific as possible within the character limit.

How do you learn about the population you serve? (e.g. surveys, neighborhood outreach, etc.)



How do you get feedback about programs and services for continuous improvement? And how often do you gather this feedback? How do you apply what you learn?

What industry best practices and proven models do you use and where did you learn them?

Focus on Overcoming Systemic Barriers

The Siebert Lutheran Foundation believes there are institutional and societal barriers experienced by “the least of our brothers and sisters” and that intentional focus is required to overcome the barriers encountered by individuals or groups that have been historically marginalized by society. If appropriate, please provide information on how your program addresses these barriers. And, provide the demographic information of the population your program serves (if not already included in the Program Description above). If you feel this question is not pertinent to your application, please indicate so below.

## Governing Body Composition

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### **OUTCOMES & OUTPUTS**

Please watch this training [HERE](#) and reference this [GUIDE](#) before you complete this section of the application. If you have questions and would like additional support specifically regarding your Outcomes after watching the video, please contact Siebert's Impact Director, Edgar Russell at [edgar@siebertfoundation.org](mailto:edgar@siebertfoundation.org).

Is your grant request over \$50,000?

This response dictates the Outcomes/Outputs options you will be asked to complete below.

Please Select

Additional Outcome Measures

If there are other outcome measures your organization uses to evaluate program effectiveness that you would like to share with us, please describe them here and/or use the upload box below.



## Additional Outcomes Upload

Use this upload box to add any supporting documentation related to Outcome Measurement.

## Financial

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The Siebert Lutheran Foundation believes business and financial models need to be sustainable, and that ministries will need to be more entrepreneurial in the future to create sustainability.

### Program Budget

What is the total annual program budget? This should correlate to the amount required to carry out the work you detail in the Program Description and what you will enter into the application's Budget Table.

What is your plan for financial sustainability for this program if Siebert funds are not available now or in the future?

### Organization Budget

What is the total annual Organization Budget (all expenses)?

Does your organization have debt? Yes or No. If yes, how much, what is the purpose(s), do you have capacity to service debt payments, and when will it be retired/paid off?

Does your organization have a cash reserve fund or alternate source of funding that is unrestricted and available for operating and/or program expenses if necessary? Yes or No. If yes, how much is in the fund? If no, is there a plan to build a reserve fund?

### Organization Profit and Loss

- What was your organization's net profit or loss for each of the past three fiscal years? Please list.
- If operating at a loss, what sources of funds are being utilized to pay bills?



Do you have a written fundraising plan to increase revenue and/or raise funds?

Please Select

Year-end Operating Statement and Balance Sheet

Please upload your organization's most recently closed year-end income and expense (operating) statement, and the balance sheet.

Year-to-date Operating Statement and Balance Sheet

Please upload your organization's current fiscal year income and expense (operating) statement, and balance sheet.

Audited Financials

If available, please upload a copy of your most recent audited financial report including the Management Letter from the auditor.

## Governance

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Governing Body Lutheran Requirement

Does your organization's bylaws require that the governing body includes Directors who are ELCA, WELS, and/or LCMS church members?

Please Select

Bylaws Description

If yes to the previous question, what is the Lutheran Director requirement per your bylaws?



Upload your current Board of Directors roster , including professional title/experience for each person.

What percent of your Board of Directors are people of color (non-white)?

Does your organizational leadership (your Board of Directors, church council, and executive level staff) represent the people being served? Yes or No. If no, how do you incorporate diverse (i.e., gender, ethnicity, and life experiences) perspectives and insights into your strategic decision making?

## Governing Body Meeting

Does the governing body hold regular meetings?

Please Select

## Succession Planning

Does your governing body have a succession plan in place for key board leaders and key staff leaders? If yes, briefly describe the succession plans for each (board leaders AND staff leaders).

## Financial Oversight

Please describe how the governing body exercises oversight over the organization's budget and finances.

## Strategic Plan

If your organization has a strategic plan, please upload the latest version here.

## Supporting Information

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Additional information may be uploaded here (not required)

Additional information may include stories, photos, or other documents related to the programs and services described in this grant application.





**Grant Term:** 1-year

**Grant Term Period:**

**Report Due Date(s):**

Select the applicable categories for this grant:

Special Conditions

LOI Approved or Declined Comments

**Documentation:**