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| **Lutheran Church Extension Fund—Missouri Synod (“LCEF”)** | | | | | | |
| Application date |  | LCEF Member District | | | | |
| School Name (as it appears in  LCMS.org Directory) |  | | | | | |
| Address |  | | | | | |
| City |  | | State |  | ZIP |  |
| Phone |  | | Fax |  | | |
| Website |  | | Email |  | | |
| Principal |  |  | Phone (office) |  | | |
| prefix first name MI last name |  | Phone (cell) |  | | |
| title: |  | Email |  | | |
| Main Contact for this proposal |  |  | Phone (office) |  | | |
| prefix first name MI last name |  | Phone (cell) |  | | |
| title: |  | Email |  | | |
| Board Chairman | prefix first name MI last name | | Phone |  | | |
| Email |  | | |

School's Mission Statement

|  |  |  |
| --- | --- | --- |
| Type of request **(check one)** | | |
| New program to organization | Existing program | Expansion of existing program |

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| --- | --- | --- | --- | --- | --- | --- |
| Funding Focus Area – which of the following areas does your program address? (check only **one**) | | | | | | |
| Faculty Wellness  Curriculum Development  Technology  Student Engagement/Outreach | | | | | | |
| Program name | | |  | | | |
| Brief proposal summary. Please describe how your proposal will fulfill the focus area selected. | | | | | | |
| **TOTAL** amount requested for program | | |  | | | |
| Program timeline | | *When this project is expected to begin and for how long it will run.* | | | | |
| School's fiscal year | | through | | School's current annual budget |  | |
|  | Does your school receive funding from any other organizations? If so, please list. Please note if individuals or organizations will be matching any funds provided by LCEF. | | | | |  |
|  | | | | | | |

**SECTION A: ORGANIZATIONAL INFORMATION**

1. HISTORY - Provide a brief summary of the school’s history.

2. PROGRAMS - Briefly describe the school’s current programs, activities, number of students and/or families served annually and accomplishments.

3. LCEF PARTNERSHIP - Please also describe any current LCEF loans or investments the school has or if any LCEF loan products or services will be used in connection with this application. List someone with connection to LCEF, if applicable.

4. What are the needs or issues to be addressed by this program? Why is this issue important? Be specific.

**SECTION B: NEEDS STATEMENT**

5. Who will be served by this grant (*describe*)? How many will be served?

6. What activities will be used to achieve the desired change(s)?

7. Who are the key staff and/or volunteers who will ensure the success of this program? What are their names and qualifications?

8. What is the timeline for implementation of this grant?

9. What is your long-term funding plan for this program beyond the Kaleidoscope Fund grant?

**SECTION D: EVALUATION**

10. What tools and processes will you use to measure the achievement of goals and

outcomes?

# SECTION E: BUDGET AND EXPLANATION

**Program Budget Template Instructions:**

* Completion of the *Program Budget Template* is required (see next page).
* The Program Budget should be for the period you are requesting funding.
* You may insert additional rows as needed on the template.
* The Program Budget Explanation must:
  + describe how you get to the numbers listed on the budget
  + provide details if you are lumping costs together on the budget template
* On the template, *Pending Revenues* means revenue that has already been requested but not yet granted. This might include grants not yet submitted but which will be submitted during the program period.
* If a line item on the budget is not applicable, leave it blank.

**Continue to *Program Budget Template* on the next page.**

|  |  |  |
| --- | --- | --- |
| **Program Budget Template** | | |
| **Expenses** | **Total Program Expenses** | **Amount Requested from LCEF** |
| **Salary and Benefits** |  |  |
| **Contract Services** (consulting, professional, fundraising) |  |  |
| **Occupancy** (rent, utilities, maintenance) |  |  |
| **Training & Professional Development** |  |  |
| **Insurance** |  |  |
| **Travel** |  |  |
| **Equipment** |  |  |
| **Supplies** |  |  |
| **Printing, Copying & Postage** |  |  |
| **Evaluation** |  |  |
| **Marketing** |  |  |
| **Conferences, Meetings, etc.** |  |  |
| **Administration** |  |  |
| **Other -** |  |  |
| **Other -** |  |  |
| ***TOTAL EXPENSES*** | $ 0 | $ 0 |
|  | | |
| **Revenues** | **Committed** | **Pending** |
| **Contributions, Gifts, Grants & Earned Revenue** |
| ***Individuals*** |  |  |
| ***\*Foundation -*** |  |  |
| ***\*Corporation -*** |  |  |
| ***Tuition*** |  |  |
| ***Program Service Fees*** |  |  |
| ***Products*** |  |  |
| ***Fundraising Events (net)*** |  |  |
| ***Investment Income*** |  |  |
| ***\*Other -*** |  |  |
| ***TOTAL REVENUES*** | $ 0 | $ 0 |
| \*Please specify for contributions over $1,000. | | |

**After completing the Program Budget Template, provide on a separate sheet a description of each expense and revenue line item listed on the program budget. Indicate whether this is a new expense for your program or if funding is being requested to cover a current/existing expense** *(e.g., if you list personnel expenses, please state whether these funds will be used for new or existing staff positions. Explain how the numbers are being calculated.).*

**◄ Mail request to: Kaleidoscope Fund, 10733 Sunset Office Drive, Suite 300**

**St. Louis MO 63127-1020 or**

**◄ Email to:** [**kaleidoscope@lcef.org**](mailto:kaleidoscope@lcef.org)

*Do not include videos, DVDs or additional materials.*

***Applications must be received or postmarked by 11:59pm June 1, 2022, for consideration.***

**Include the following attachments with your request** (check to indicate inclusion)**:**

Financial information:

Audited/Reviewed/Compiled Balance Sheet and Income Statement from FYE 2020.

The signed application and all attachments

**REQUIRED ATTACHMENTS**

|  |  |
| --- | --- |
| **Agreement** |  |
| *In compliance with the USA PATRIOT Act and other counterterrorism laws, I certify that all funds received from LCEF will be used in compliance*  *with all applicable anti-terrorist financing and asset control laws, statutes and executive orders.*  *I certify, to the best of my knowledge, that all information included in this proposal is true and correct. The tax-exempt status of this organization*  *is still in effect.*  *If a grant is awarded to this organization, the proceeds of that grant will not be distributed or used for any purpose other than as proposed herein.* | |
| Signature, School Principal Printed Name:  Signature, District Education Executive Printed Name: | Date |
| Date |
| Signature, LCEF District Vice President Printed Name:  Your application will not be considered complete without the above signatures. If you have any questions application, please call LCEF at 1-800-843-5233 or email [kaleidoscope@lcef.org.](mailto:kaleidoscope@lcef.org) | Date  about completing this |