

**NEW ENGLAND SYNOD GRANT APPLICATION, 2015
FUND FOR CONGREGATIONAL REVITALIZATION AND LEADERSHIP SUPPORT**

Name of Organization:

Address and phone number:

Name of Project:

Name of Project Director:

Grant Application Summary

Total Annual Expense Budget of Project: \$

Amount of Grant Requested from NES: \$

Did you receive funding from this Fund in previous years? If so, please list the year and the amount received.

Year(s)	Amount
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(Programs are funded for a maximum of two years.)

Briefly describe the need which will be served if this proposal is funding, listing the objectives of the project and its plan of action:

(Attach additional sheets as needed.)

How specifically will the money received through this grant be used?

(Attach additional sheets as needed.)

**Please include a budget and return to the New England Synod ELCA
20 Upland St., Worcester, MA 01607 by Dec. 15, 2015.**