WVLTS PROJECT GRANT APPLICATION

Revised 5 January 2021

The West Valley Lutheran Thrift Shop (WVLTS) is located at 10615 West Peoria Avenue, Sun City, Arizona 85351. The shop is staffed and managed by volunteers from many Lutheran and other Christian churches, friends and local supporters.

Our Mission Statement: "In gratitude to God and love of neighbors, our mission is to operate a Thrift Shop or other ventures that will provide support for area Lutheran churches, non-profit organizations and assistance for families and individuals in need."

Net revenue of the Thrift Shop is distributed to outreach ministries -- primarily in the West Valley. Our goal is to fund projects that have a significant impact on the ministries we are supporting.

Grant applications are evaluated with the following questions in mind:

- Does this project match the WVLTS Mission Statement?
- Is this a Christian-based organization?
- Is this a Lutheran congregation?
- Is the organization located in the West Valley? (typically Maricopa County, West of I-17 and North of I-10)
- Does the project support Christian youth education programs?
- Does the project support vulnerable children, youth and adults?
- Does the application provide a complete financial picture of the organization (including the financial viability of
 the organization) and details about the larger/parent organization if there is one? <u>This is important!</u> <u>We</u>
 need a P&L Statement and a Balance Sheet for the parent organization as well as the requesting unit.
- Does the application provide complete and specific information about the scope and costs (quotes are preferred over internal estimates) of the project (including other grants and funding sources for the project)?
- Does the organization have other resources that could be utilized to meet the same need?
- Does the organization provide volunteers or support to the WVLTS?

We understand that no project can meet all of the above; these are among the factors we use to evaluate an application.

We also value the thoughtfulness and thoroughness apparent in the preparation of the application

Generally, project grants are not approved for the following:

- Salaries
- On-going budget line items
- Organizations receiving regular grants or funding from national or state organizations

To apply for a grant from the West Valley Lutheran Thrift Shop, complete the application below and send the application, any supporting documentation, and last year's financial report (Profit & Loss and Balance Sheet) to:

WVLTS Grant Committee

<u>grants.wvlts@gmail.com</u>

West Valley Lutheran Thrift Shop

10615 West Peoria Avenue, Sun City, AZ 85351

<u>E-mail is preferred</u>

Grants are typically paid at the end of each quarter. Below are the **deadlines** for receiving grant applications.

Grants to be paid: Application is needed by:

 3/31
 1/1

 6/30
 4/1

 9/30
 7/1

 12/31
 10/1

More than 30 applications are received each year. We need time to review and ask questions. For some projects (e.g. construction) we prefer to provide the funds incrementally based on progress. We may require a progress report and supporting fund raising status (if any) prior to incremental funding dispersal.

You must complete this form. Attachment of supplemental information such as quotes or project details is encouraged. If a question (e.g. "website" is not applicable, please mark "NA")

Rev. 5 January 2021.

Date of Application						
Name of Organization:						
Address						
Website						
	T = -					
Contact Person:	Pho	one Number:	Email:			
	I					
Amount of Grant Request:	Project Tit	e:			Date Response Needed:	
December the Ducket in 1105 w		·!!* (On a point on a p				
Describe the Project in "25 w	oras or less	(One sentence	project descripti	on)		
GRANT REQUEST INFORM	ATION					
SKAN KEQOLOT IN OKIN	<u> </u>					
Have you received and/or app	olied for othe	er grants for this sa	me specific proj	ect? Yes	s No	
f "Yes", please state the amo						
the income section below.	a.n.(0) .09a.0	, o to a a i i a, o i i o o o i i	ou and raoning th		ranamig ergamization(e) in	
are meetine economically.						
Please provide details on you	r request (It may be more co	venient to attac	h a sana	rate document, but please	
be sure to specifically address						
to specifically address 1) Why is this support ne		tions and imancial	details as reque	sted bei	OW)	
i) willy is this support ne	eueu?					
2) What do you hope to a	accomplish?					
z) What do you hope to a	accomplish:					
Who will benefit from t	hese funds?	?				
<u> </u>						
4) How does this project/outreach match the WVLTS Mission Statement (on page 1)?						
5) What is the impact if the	20 W/V/I TS id	s not able to provid	lo all (or any) of	VOUR FOR	uoet?	
5) What is the impact if the WVLTS is not able to provide all (or any) of your request?						
Data WVI TC desision needs to be communicated to contact never						
Date WVLTS decision needs to be communicated to contact person						
B.(.(.)()						
Date(s) funds need to be p	rovided					
Amount/Date		\$				
		\$				
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BUDGET INFORMATION

Please provide an itemized list of project expenses (including contingencies), funding sources and in-kind contributions. Include items for the total project, not just the portion for which you are requesting support.

Expenses - Estimated Project Actual Expenses or attach separate List. (Quotes are pro	<u>eferred over internal</u>
estimates). Do not include "In Kind support" here.	
	\$
	\$
	\$
TOTAL	\$
TOTAL	<u>\$</u>
Income - List all sources of funding with anticipated amounts (Or attach Separate List)	
A) Support from Other Organizations	
	\$
	\$
	\$
TOTAL	
B) Lutheran Thrift Shop Grant Request	\$
C) Organizational Contribution (What are you contributing to this project?) (Typically, a minimum of 10% of project expenses is expected from the organization) Total Estimated Project Income A+B+C	\$ \$
(This amount must equal estimated project expe	nse total)
In-Kind Support - List all sources with estimated value. ("In Kind Support" is defined a volunteer labor, donated equipment usage, donated materials, and other closely relate this project.) (Or attach Separate List)	
	\$
	\$
	\$
	\$
	\$
TOTAL	\$

Directors understand the complete scope of the request and its funding.

Please review your application, did you:	(Y or N)
Include a <u>P&L STATEMENT</u> for your organization(s)*?	
Include a BALANCE SHEET for your organization(s)*?	
Meet the deadline for the grant application consistent with your funding need?	
Provide complete and detailed financial information on the project?	
Provide contact information? (Email and Phone)	
Provide a schedule of funding need?	

*If you are an organization associated with a larger/parent organization (e.g. a school or a social services organization affiliated with a church) we require the financials of the larger/parent organization as well. If anything in this form needs to be clarified for your situation, do not hesitate to contact us. Email works best, so please send your questions to grants.wvlts@gmail.com We are all part time volunteers, but we will get back to you as soon as we can.