**Proposed Site Application – RMS LCM**

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| The Rocky Mountain Synod (RMS) Campus Ministry Committee (CMC) of the Evangelical Lutheran Church in America is committed to developing life-long faith formation and vocational opportunities through learning, service, worship, and community which engages young adults in our congregations and colleges. Each year, the RMS budget designates funding for campus ministries. In order to assist congregations and conferences in engaging young adults from local college campuses, the CMC is developing an application process for new campus ministries to receive funding. |
| **Cover Letter** |
| Include the purpose of the grant request and a brief description of how the ministry will embody the mission and vision of the RMS. Please do not exceed one page. |
| **Summary Sheet Form** |
| Please use the two-page template provided. |
| **Narrative** |
| 1. Identify the purpose, goals, or mission of this ministry. How will this ministry be a part of the mission and ministry of the host congregation? 2. Who is involved in leading this ministry? How will this ministry engage leaders, support, and students outside of the host congregation? 3. Where will meetings of this ministry take place? 4. When do you anticipate the group will form? 5. How will you gather students and volunteers? 6. Describe the student population and college campus(es) to be engaged in ministry. 7. Describe the plans for CMC funding (supplies, rental, food, stipend, etc.). |
| **Attachments** |
| 1. Anticipated budget 2. Other funding sources (please include committed and pending) 3. Fundraising plan 4. List of campus ministry board, leaders, staff and volunteers 5. Constitution or governing policy (or the proposed timeline for developing a constitution/policy) 6. College/University contacts and status of ministry on campus 7. Annual timeline including administrative goals and ministry events 8. Summary Sheet Form (below) |

**Summary Form**

**Name of Campus Ministry:**

**Hosting Site**:

**Campus(es) Served**

**Mailing Address**:

**Phone:** **Fax: EIN:**

**Website:**

**Organization Email Address:**

**Name of Campus Ministry Chair:**

**Phone:**  **Email:**

**Application Contact & Title** (if *not* the Chair)**:**

**Phone:** **Email:**

**Organization Information   
Year Founded:  
Mission Statement:**

**Geographic Area Served** (specific to this proposal)**:**

**Tax Status:**

□ Exempt as a stand-alone entity with 501(c)(3) status

□ Sponsored/Covered under the 501(c)(3) status of:

□ Other than 501(c)(3), describe:

**Grant Request Information**

**$**

**Amount of Request:**

**Describe what the grant will be used for:**

**Financial Information**

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**Budget numbers should match the numbers presented in Attachment 1:**

**Ministry’s Current Budget for Fiscal Year Ending:   
  
Income: Expenses:**

By signing below, I certify that the information contained in this application is true and correct to the best of my knowledge.  
  
   
**Chair Date**