

**Evangelical Outreach and Congregational Mission
Synodically Authorized Worshipping Community
Funding Request Form**

Name of SAWC _____

Worship Location _____

Designated Leader _____

Mailing Address _____

Contact Phone _____ **Email** _____

Currently Incorporated? _____ **yes** _____ **no**
(if yes, please include copies of current incorporation papers)

Amount of Funding Request Year One _____

ROSE Outline for Narrative Information

Please attach a document completely answering the following questions as well as a projected 12 month budget.

1. **Rational/Purpose** for funding this ministry exploration
2. **Objective(s)** for this ministry exploration
3. **Strategy** for this SAWC ministry exploration
4. **Evaluation process** to be used in assessing this SAWC ministry
5. **Projected 12 month budget**

Designated Leader

Date signed

Director for Evangelical Mission

Date signed

Bishop

Date signed

Email this form with attachments to Terri.Schmidt@elca.org and Patricia.Schmitt@elca.org
AND Send 3 hard copies with signatures to Pat Schmitt, EOCM-ELCA
8765 W. Higgins Road, Chicago, IL 60631