

# **GRANT APPLICATION**

## **EAST VALLEY LUTHERAN THRIFT SHOP, INC.**

The East Valley Lutheran Thrift Shop, Inc. is staffed by volunteers from area congregations, friends and local supporters. The store is managed by hired staff. All of the sales proceeds of the thrift shop, beyond store expenses, are available to Lutheran congregations in Arizona and Southern Nevada in the form of grants for evangelism and outreach ministry efforts. Grant allocation preference is given to congregations applying for the following types of evangelism ministry grants:

Development of **English as a Second Language ministries**

Beginning **new worship services** focused on the culture language of area residents  
(example: Spanish language services, contemporary worship, etc.)

**New neighbor outreach efforts** (new neighbor packets, etc.)

**Communication and public media** outreach efforts

**Evangelism ministries with neighborhood residents** (children, youth, families, college students, etc.)

**Outreach program ministry efforts in new congregations under development**

**Land debt reduction for new congregations/church plants under development**

**Building debt reduction in congregations undergoing redevelopment**

**Outreach efforts with the Navajo Evangelical Lutheran Mission** in Rock Point, AZ

**Faith sharing and relational evangelism efforts**

To apply for evangelism and outreach grant support from the proceeds of the East Valley Lutheran Thrift Shop, Inc., please complete the application below and e-mail or send to:

**Sue Vogel-Herrera**  
**Lutheran Thrift Shop, Inc.**  
**4501 E. Main Street, Ste 201**  
**Mesa, AZ 85205**

[svogel201@gmail.com](mailto:svogel201@gmail.com)

The East Valley Grant Oversight Team meets three times a year to review grant allocations and make disbursement decisions. **Please submit all grant applications** to the thrift shop either via e-mail or U.S. mail by February 28, June 30 and November 30. Contact Sue Vogel-Herrera for further information or questions.

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Name of Congregation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Amount of Grant Requested \$ \_\_\_\_\_

Have you received other grant monies in the last 12 months? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list the providers and the amounts received.

\_\_\_\_\_  
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Please write two or three paragraphs explaining why these monies are needed, what you holpe to accomplish and who will benefit from these funds. Be as specific as you can. If you need more room, feel free to use the back of this form.

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Signature of contact person \_\_\_\_\_ Date \_\_\_\_\_

