

NAME OF PROGRAM: _____	LOCATION: _____
DATE SUBMITTED: _____	CONTACT: _____

PART I
CAMPUS MINISTRY AGENCY OPERATING GRANT SUMMARY AND BUDGET REQUEST

Year	200 ____	200 ____	200 ____	200 ____
Revenues				
Total Reserves Carried Over				
(Amount of total reserves encumbered)	Actual (previous year)	Budget (present year)	Request Year 1	Projected Request (Year 2 - Optional)
Revenue Sources				
Churchwide Operating Grant				
Churchwide Special Grant				
ELCA Synod(s) Grant				
ACMA Grant				
ELCA Congregations				
Other Denominations				
Fund Raising				
<i>Sub Total</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>
Other Income:				
Alumni, parents, friends				
Student community				
Interest				
Endowment				
Grants				
Other				
<i>Sub Total</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>
Total Revenue Sources	\$0.00	\$0.00	\$0.00	\$0.00

Add addendum to explain other income if necessary

Year	200 ____	200 ____	200 ____	200 ____
Expenses	Actual (previous year)	Budget (present year)	Request Year 1	Projected Request (Year 2 - Optional)
Personnel Professional Staff				
Salary:				
Name _____				
FTE _____				
Personnel Professional Benefits				
Continuing Education				
Mileage				
Other				
Personnel Student Staff				
Student Assistance				
Peer Minister				
Personnel Other Staff				
Secretary				
Musician				
Custodial				
Personnel Other Staff (Provide detail)				
Sub Total	\$0.00	\$0.00	\$0.00	\$0.00
Facilities				
Rent, Equipment, Maintenance				
Administrative Operations				
Office Supplies & Postage				
Printing, copying & publicity				
Insurance				
Telephone & internet				
Program				
Student & staff retreat & travel				
Material, worship, hospitality				
Special Projects (provide detail)				
Fundraising				
Other Expenses				
Sub Total	\$0.00	\$0.00	\$0.00	\$0.00
Total Expenses	\$0.00	\$0.00	\$0.00	\$0.00
Balance	\$0.00	\$0.00	\$0.00	\$0.00
(total revenue minus total expenses)				

Notes:

To insert a new row, highlight the row below where you want to insert, choose from the menu "Insert" & "Rows". Always double check your formula to make sure your new row is included in the sub total amount. If there is a significant difference between present year budget and Request Year 1 budget, please provide a justification explaining the difference in the Program Narrative Section.

Part II - PROGRAM NARRATIVE

PROGRAM TYPE: () Staffed Ministry () Covenant Congregation () Partner Congregation () Other _____
Please describe: Pastoral, Administration, Other program staff, Peer ministry

MISSION FOCUS: (Provide a brief descriptive summary of the ministry focus for the year.)

CONTEXTUAL ELEMENTS: As we consider your funding request what are the contextual elements that we need to consider: (Financial Need, Opportunities for Collaboration, Current Conditions, Current Planning, Current Fundraising Capacity, Likelihood of growth)

THREE SHARED CAMPUS MINISTRY GOALS FOR THE ROCKY MOUNTAIN SYNOD: 2009

1. Empower and equip the local board to live into the new funding model.
2. Develop and communicate a strategic and integrated approach for building relationships between campus ministry and related ministries (e.g. youth and household, outdoor ministry, etc).
3. Develop the use of technology and media to communicate with and reach students and other constituents (e.g. donors).

TOP THREE PROGRAM GOALS (from CCMT Annual Report)

GOAL #1:

Area _____ (Worship, Evangelism & Outreach, Christian Education and Faith Development, Hospitality and Community Building, Community Service, Justice and Advocacy, Pastoral Care, Leadership Development, Stewardship and Fundraising, Vision and Planning, Ecumenical and Interfaith Cooperation, Building Relationships)

Statement of Need:

Steps to Meet Needs:

Responsible Personnel:

Evaluation Criteria:

GOAL #2:

Area _____ (Worship, Evangelism & Outreach, Christian Education and Faith Development, Hospitality and Community Building, Community Service, Justice and Advocacy, Pastoral Care, Leadership Development, Stewardship and Fundraising, Vision and Planning, Ecumenical and Interfaith Cooperation, Building Relationships)

Statement of Need:

Steps to Meet Needs:

Responsible Personnel:

Evaluation Criteria:

GOAL #3:

Area _____ (Worship, Evangelism & Outreach, Christian Education and Faith Development, Hospitality and Community Building, Community Service, Justice and Advocacy, Pastoral Care, Leadership Development, Stewardship and Fundraising, Vision and Planning, Ecumenical and Interfaith Cooperation, Building Relationships)

Statement of Need:

Steps to Meet Needs:

Responsible Personnel:

Evaluation Criteria:

Notes: Evaluation Criteria describes how we will know that we have met our need(s), how we measure the goal. Contextual Elements - Could also include a description of what programming or special projects are going on and or what has recently changed.