

**Augustana District of LCMC's Board of World Missions
Ministry Information Form**

1. **Ministry Name:** _____
2. **Affiliate or Parent Group:** _____
3. **Contact Name:** _____
4. **Contact Address:** _____
5. **Contact Phone Number:** _____
6. **Contact Email Address:** _____
7. **Organization's website address:** _____
8. **Type of Mission:**

9. **Mission Statement and or Vision for the Ministry:** See Attachment

10. Non-Financial Ministry Needs:

- a. Long Term Mission Opportunities Yes _____ No _____
- b. Short Term Mission Opportunities Yes _____ No _____
- c. Supplies (Bibles, Food, Clothing, etc.) _____
- d. Other: _____

11. Lutheran Affiliations or Connections:

12. **History of Organization:** See Attachment

13. Geographic Area Served:

14. Organizational Information:

- a. Board of Directors: Yes _____ No _____ Other _____
- b. Organizational Diagrams, Staffing Charts, or any documentation that gives insight as to how your mission organization functions.
- c. Local Connections? _____

15. Financial Information:

- a. Organization's Non Profit Status: IRS 501(C#) _____ Other: _____
- b. % of contributions that goes directly to mission support: _____
- c. Attach latest Financial Statement and any supporting financial documents.

16. Supporting Documentation: Please include any pamphlets, brochures or other documents that describe your Mission Organization.