

Augustana District of LCMC
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(s) 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.