

Community Service Team
Request for Funding Questionnaire
Care Abounds in Communities™

When completed, send to the Brown County chapter leader contact. Do not send to Thrivent Financial for Lutherans.

To be Completed by the Chapter Leader

Brown County SD Chapter # 30564 of Thrivent Financial for Lutherans (www.Lutheransonline.com/BrownCountySDchapter)

Name of chapter leader contact _____

Address _____ City _____, SD ZIP _____

Phone _____ E-mail address _____

To be Completed by the Requestor (at least 45 days before the planned activities start date.)

Name of recipient (first, middle, last) or business name (who is this activity benefiting?) _____

Address of recipient _____ City _____ ZIP _____

Recipient type: Lutheran not-for-profit organization Named Individual/Family Non-Lutheran not-for-profit organization

Type of need:

<input type="checkbox"/> Cash assistance	<input type="checkbox"/> Food/Hunger	<input type="checkbox"/> Rent	<input type="checkbox"/> Equipment
<input type="checkbox"/> Disaster assistance	<input type="checkbox"/> General living expenses	<input type="checkbox"/> Repairs/Maintenance	<input type="checkbox"/> Religious/Worship
<input type="checkbox"/> Education	<input type="checkbox"/> Health/Medical	<input type="checkbox"/> Supplies	<input type="checkbox"/> Youth/Student
<input type="checkbox"/> Elderly	<input type="checkbox"/> Indigent	<input type="checkbox"/> Utility	<input type="checkbox"/> New construction
<input type="checkbox"/> Environmental	<input type="checkbox"/> Other: _____		

Community Service Team Members To qualify for activity funding/approval, the community service team must include at least one individual from a minimum of six Thrivent Financial member households whose members play an active role in the activity.

Please list the Thrivent Financial members/households:

1. _____	3. _____	5. _____
2. _____	4. _____	6. _____

Funding Information

Are you requesting funds from other chapters or cohosting this activity with another organization? Yes No

If yes, please list chapter name(s)/organization(s): _____

Activity Information

Activity type (see definition on back): Fund-raising Hands-on service activity—(Pre-funding needed? Yes No)

Proposed activity date ____ ____ 2011 Activity Name _____

Is the recipient aware they need to sign the **Permission to Disclose Information** form? Yes No

Publicity is a very important piece of conducting chapter activities. **Describe** in detail how you plan to publicize this Thrivent chapter activity. Publicity materials (i.e., posters, news releases, bulletin inserts) are available through the chapter board.

Describe the activity in detail and estimate number of volunteer hours. (If more room is needed, use back or another sheet of paper.)

Estimated cost of hands-on service activity or estimated funds that will be raised. Round to nearest dollar. \$ _____

Total requested amount from Thrivent Financial. Includes pre-funding amount if applicable. **Pre-funding** is available for **hands-on service activities only** (maximum of half of total amount.) Round to nearest dollar. \$ _____

Estimated number of member households actively involved in planning, preparing for or working at the activity. Must be at least six member households to qualify for supplemental funds.

Activity Contact: Name/address of community service team contact (first, middle, last) _____

Address _____ City _____, SD ZIP _____

Phone (605) _____ - _____ E-mail address _____

For more information about hands-on service activities,
go to www.thrivent.com, Members/Chapters, Volunteer Resources, Ask CHIP

Hands-on service activity (Receipts reimbursed up to a pre-approved maximum)

A hands-on service activity involves volunteer labor to develop or improve something for an identified recipient. Through its chapter Care programs, Thrivent Financial provides financial assistance to purchase necessary materials used in an activity in which chapter service team members provide the volunteer support (labor) to help an individual, family or qualified not-for-profit organization. For more information about hands-on service activities, go to www.thrivent.com, Members/Chapters, Volunteer Resources, Ask CHIP.

Fund-raising activity (Monies supplemented up to a pre-approved maximum, verification based on funds submitted)

An activity with the purpose to generate funds for an individual, family or qualified not-for-profit organization. Examples of fund-raising activities include a silent auction, a benefit dinner, etc.

For either of the above, please submit your request at least 45 days in advance.

Brown County SD 30564 Chapter Leadership Board - 2011

President -	Shannon Beckler	miss_shannon@hotmail.com
Vice President -	Amy Buechler	jeroldb@hotmail.com
Records Director -	Paula Beckler	paula.beckler@us.army.mil
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Director of Congregational Advocates -	James Stearns	JStearns@nvc.net
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Community Service Team Director -	Carol Osterman	

Financial Associate Advisors –

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