

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

**To be Completed by the Chapter Leader**

Name of chapter

**MIAMI-DADE**

Name of chapter leader contact

Address	City	State	ZIP code
Phone	E-mail address		

**To be Completed by the Requestor**

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

Address of recipient	City	State	ZIP code
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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"/> Disaster assistance | <input type="checkbox"/> General living expenses | <input type="checkbox"/> Repairs/Maintenance |
| <input type="checkbox"/> Education           | <input type="checkbox"/> Health/Medical          | <input type="checkbox"/> Supplies            |
| <input type="checkbox"/> Elderly             | <input type="checkbox"/> Indigent                | <input type="checkbox"/> Utility             |
| <input type="checkbox"/> Environmental       | <input type="checkbox"/> New construction        | <input type="checkbox"/> Youth/Student       |
| <input type="checkbox"/> Equipment           | <input type="checkbox"/> Religious/Worship       | <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 and contact numbers:

1.	4.
2.	5.
3.	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):

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**Provide Activity information on page 2 of this questionnaire.**

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**Activity Information**Activity type (see definition below):  Fund-raising  Hands-on service activity--pre-funding needed?  Yes  No

Proposed activity date

Activity Name

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Describe the activity in detail and discuss the goals around estimate of dollars raised and volunteer hours.

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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.

**Complete here and/or see page 3.**

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Estimated cost of hands-on service activity or estimated funds that will be raised.

Round to nearest dollar.

\$

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Total requested amount from Thrivent Financial. Includes pre-funding amount if applicable.

Pre-funding is available for hands-on service activities only. Round to nearest dollar.

\$

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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 of community service team contact (first, middle, last)

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Address

City

State

ZIP code

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Area code and phone

E-mail address (if any)

**Hands-on service activity**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](http://www.thrivent.com), Members/Chapters, Volunteer Resources, Ask CHIP.**Fund-raising activity**

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.

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**Return this form to the chapter leader contact shown on page 1 or to find a chapter leader, go to [www.thrivent.com](http://www.thrivent.com), Members/Chapters, Information About My Chapter, View Leadership/Activities/Chapter Web sites.**

**IMPORTANT:**

As you fill out the application for Care Abounds in Community funding, consider carefully your responsibility in completing your project, reporting all details, and mailing that report with receipts for all expenditures to the Financial Director:

George Schardt  
8960 SW 125 Terrace  
Miami FL 33176-5144

**The leadership Board will make every effort to leverage all dollars, and in most cases, will supplement \$1.00 for every \$3.00 dollars raised.**

In assessing funding requests, we will seriously consider volunteer involvement. Thrivent is seeking to involve all members in our many care activities for our congregations and the community. **For Hands-on projects, our objective is to have one-half volunteer hour for each Thrivent dollar.** The assessment will be reviewed with the final Activity Report. Please submit attendance sheets along with your activity report and the receipts for all expenses. **Send to Ann Martin, Financial Director. [See above.] The Board reserves the right to readjust the amount allocated to a project if the criteria are not met.**

Please, realistically estimate:

1. The total number of volunteers to be involved in this project: \_\_\_\_\_
2. The anticipated number of volunteer hours you will accumulate in completing the project: \_\_\_\_\_

**Publicity:**

All activities need to be publicized indicating Thrivent Financial for Lutherans is helping to support your fund-raiser or work project. What is your plan for publicity?

- |  |                                   |
|--|-----------------------------------|
| _____ Bulletin Inserts                   | _____ Mailing                     |
| _____ Poster                             | _____ Church Newsletter           |
| _____ Newspaper                          | _____ Other Churches' Newsletters |
| _____ Announcement during Church Service | _____ School Announcements        |

\_\_\_\_\_ I have informed the following Financial Associate(s) about this project: (List☺)

\_\_\_\_\_ Other Publicity Activities include: \_\_\_\_\_

**NOTE: Complete your project within the time frame indicated. Submit your reports in a timely manner. The Records Director will then request final funding for your project. Failure to do so, and after considerate follow-up and request for your report, funding for your project will be withdrawn.**

GOD BLESS YOUR EFFORTS TO MAKE A DIFFERENCE IN THIS COMMUNITY!