



Michigan District

Lutheran Church – Missouri Synod

3773 Geddes Road, Ann Arbor MI 48105-3098 (734)665-3791 FAX:(734)665-0255

NATIVITY GRANT APPLICATION

Mission Statement

The Nativity Building Grant has been established to finance District Church Extension Fund loans contracted for the purpose of assisting in the provision or refurbishing of real property or facilities for mission congregations of the Michigan District.

POLICY

1. Grants that are awarded will provide 5 years of mortgage payment assistance to mission congregations. The maximum grant will be \$18,000 (\$300 per month for five years). Grant amounts will be determined based upon funds available as well as the congregation's actual debt service payment on up to \$40,000 of its qualifying loan (considering any applicable mission congregation interest rates). After the initial five-year period, the congregation shall be expected to be in a position to assume the repayment obligation without District or Nativity Grant support.
2. Priority of funding shall be in the following order:
 - a. First unit facilities or real property of new congregations
 - b. Second unit facilities or real property of District-funded or direct-funded congregations.
 - c. Renovations of existing facilities of District-funded or direct-funded congregations
 - d. Renovations of existing facilities of self-supporting congregations.
3. Recipients of support shall be expected to have completed a strong building fund campaign among their own members.
4. Allocated money shall be disbursed from the fund to the recipient congregations for forwarding to the Church Extension Fund office as debt repayment.
5. Additional information may be needed. The District office will contact you if such is necessary.

➤ **If approved, the check will be sent to:**

Congregation/Mission Society: _____

Address: _____
Street City Zip Code

Contact Numbers: _____
Telephone FAX E-mail

➤ **Pastor or Missionary responsible to provide accountability for the project:**

Name: _____ Title: _____

Address: _____
Street City Zip Code

Home Phone: _____ Business Phone: _____

FAX: _____ E-mail Address: _____

➤ **Layperson responsible to provide accountability for the project:**

Name: _____ Title: _____

Address: _____
Street City Zip Code

Home Phone: _____ Business Phone: _____

FAX: _____ E-mail Address: _____

Mail completed form to: **Nativity Grant**
Michigan District, LCMS
3773 Geddes Road
Ann Arbor, MI 48105-3098

For Office Use

APPROVED **DENIED**

Amount: \$ _____ Disbursement Schedule: _____

Rev. Roosevelt Gray, Jr., Mission Director

(Date)