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Community Service Team **Request for Funding Questionnaire** Care Abounds in Communities[®]

When completed, send to the chapter leader contact. Do not send to Thrivent Financial for Lutherans.						
To be Completed by the Chapter Leade	∤r					
Name of chapter		Name of chapter lead	der contac	t		
					n -	1
Address		City			State	ZIP code
Dharas						
Phone		E-mail address				
To be Completed by the Requestor						
Recipient type:						
Lutheran not-for-profit organization	Named Inc	dividual/Family				
Non-Lutheran not-for-profit organizatio		d Group of Individuals				
Name of recipient (first, middle, last) or or			fiting?)	Phone		
			0,			
Address of recipient		City			State	ZIP code
Type of need (check only one):						_1
Cash assistance	Evod/Hunger		🗌 Rent			
Disaster assistance	General living e	xpenses	 Repai	rs/Main	tenance	
 ☐ Education	Health/Medical		 Suppl			
Elderly	Indigent		Utility			
Environmental	New construction	n	☐ Youth	/Studen	t	
 ☐ Equipment	Religious/Worsh	nip	Other:	:		
Activity Information		1				
Activity type (see definition on page 2):						
Fund-raising Hands-on service ad	ctivity – is pre-fundin	g needed? 🗌 Yes	🗌 No			
Proposed activity date	Activity Name					
Describe the activity detail, location, and t	ime.					
Estimate volunteer hours to be contributed	J.					
Describe the purpose for which funds will	be used (such as pa	ainting and making rep	oairs, medi	cal expe	enses, e	tc.)
				-		
Publicity is a very important piece of cond						
chapter activity. Publicity materials (i.e., p	Usters, news release	es, builetin insens) are	avaliable	from the	e chapte	i Doard.
Does this activity involve a raffle? Yes No						

Activity Information (continued)	
Estimated cost of hands-on service activity expenses or estimated funds that will be raised. Round to nearest dollar.	\$
Total amount requested from Thrivent Financial chapter. Includes pre-funding amount if applicable. Pre-funding is available for hands-on service activities only. Round to nearest dollar.	\$
Estimated number of Thrivent 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)

Address	City	State	ZIP code
Area code and phone	E-mail address (if any)		

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 actively involved in the activity.

Please list the Thrivent Financial members:

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):

Is the recipient aware they	/ need to sign the	Permission to	Disclose Informati	on form?	☐ Yes	No No

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 <u>www.thrivent.com</u>, Members/Chapters, Volunteer Resources, Ask CHIP. **Note:** The recipient is the **ultimate beneficiary** of the activity—the person or not-for-profit organization for whom the hands-on service activity is being done. Be aware that recipient is **not** defined as the one being reimbursed for the supplies, requesting the funds. etc.

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.

Return this form to the chapter leader contact shown on page 1. To find a chapter leader, go to <u>www.thrivent.com</u>, Members/Chapters, Information About My Chapter, View Leadership/Activities/Chapter Web sites.