



*Lutheran Friends of the Deaf*  
Founding Member of the Mill Neck Family of Organizations

## 2019 Project Funding Announcement

### Purpose Statement

Lutheran Friends of the Deaf (LFD), a part of the Mill Neck Family of Organizations, is a Lutheran Recognized Service Organization that dreams of a world where Deaf people are included, empowered, celebrated and embraced as equals fully in the Body of Christ in their homes and communities. LFD understands that Deaf people in the United States and globally may not receive a good education, vocational training, spiritual support or communication access.

Deaf people have the capabilities, skills and resources that can be strengthened with assistance from the right partners. With resources, instruction and support services from LFD, Deaf people can receive the effective communication, education and access to the Word of God, which grants forgiveness, life and salvation in Jesus Christ.



## **Lutheran Friends of the Deaf Values**

Fidelity: We are faithful to the inspired Word of God as the rule of faith and practice and the Book of Concord as the narratives and correct understanding of the Word of God.

Sustainability: Working with partner church groups to help strengthen their programs will improve the lives of Deaf individuals and communities.

Mercy: Humbly and caringly sharing Christ's love with all Deaf people.

Holistic Service: We value all Deaf people as God's created beings, which includes the mind, body and soul of the person.

Communication preference: We value the individual or community's choice of language.

Honesty: We will work openly and honestly with respect.

Local Assets: We build on the skills and resources already in place in the community.

LFD supports national and international projects with Lutheran church organizations, and other partners who serve Deaf people by providing funds for education, training and other charitable needs relating to accessibility. LFD invites all interested organizations working with Deaf people to apply for 2019 project funding.

# Application FAQ

## Who can apply for support?

- ✓ Deaf Lutheran churches/ministries run by and for Deaf people
- ✓ Deaf organizations/businesses run by and for Deaf people
- ✓ Lutheran churches/ministries that work with Deaf people

Groups applying for support must have the goal of helping Deaf people become stronger by gaining skills, growing spiritually and improving their lives. They are also required to be a registered church/ministry or organization/business here in the United States or abroad in their country. If a non-Deaf church or organization is applying for funding, they are encouraged to partner with a Deaf church/ministry, educational program, or organization/ business and add a signed letter of support from the Deaf group. Individual persons can't apply for support.

## Does your project have:

1. Deaf people deciding what problem(s) they want to solve in their community through Christian Service
2. Deaf people included in managing the project
3. Deaf people benefitting from the project by experiencing life made possible through Jesus Christ
4. Ideas how to include Deaf people with other disabilities to be part of the projects. For international projects, include plans for involving women/girls and how they will benefit
5. Plans for making sure the project is successful and useful for Deaf people

## Does your project follow the values:

LFD works within the parameters of the Mission Statement and Mission Priorities of The Lutheran Church Missouri Synod. You can view them at: [About us: LCMS](#). Projects are expected to follow these priorities, as well as the legal requirements in the American with Disabilities Act for national projects.

With international projects, it is recommended to support the values in the [United Nations Convention on the Rights of Persons with Disabilities](#), and the World Federation of the Deaf Position Paper on "[Best Practices and Ethics for Development Cooperation Projects](#)." Applicants are encouraged to be familiar with best practices in working in development with Christian values as presented by [The Chalmers Center](#) that published the book "[When Helping Hurts: How to Alleviate Poverty without Hurting the Poor and Yourself](#)."

## Is your project in the following area for Deaf people?

- Child welfare/development
- Church/school/ministry center accessibility
- Data collection
- Deaf awareness
- Deaf education
- Deaf Ministry in congregations
- Health education
- Hearing health/testing/training
- Interpreter training
- Lutheran catechesis
- Parent education
- Pastoral and deaconess training
- Research
- Sign language education
- Seminary training
- Social enterprise
- Technology training
- Transition skills & daily living skills
- Vocational training
- Youth development

LFD will not accept applications for: 1) giving out free hearing aids or other devices, 2) emergency aid, 3) sign language dictionaries, 4) programs focusing on building or construction, or 5) ongoing operation expenses of an established ministry. Project applications not affiliated with a Lutheran Church can apply through [Mill Neck International](#).

## How to apply:

- Fill out the application and include all information
- Follow the page limit for each part
- Total should be eleven (11) pages plus the cover page, and budget forms and letter of partnership if needed [total 12–14 pages]
- You can use the Mill Neck International (MNI) Project Planning Manual to help you create your plan while you are filling out the application. Download a copy at [Mill Neck International](#) (funding webpage)
- LFD can answer your questions and help you through the process; contact LFD at [LFDfunding@millneck.org](mailto:LFDfunding@millneck.org)
- Send your completed application via email to [LFDfunding@millneck.org](mailto:LFDfunding@millneck.org) or mail to:

Attn: Barbara Lewis  
Lutheran Friends of the Deaf  
40 Frost Mill Road, P.O. Box 100  
Mill Neck, New York 11765

# 2019 Project Funding Application

## Requirements:

- Please fill out this application in English using a minimum 11-point font, double-spaced and provide information for each section.
- If partnering with a local Deaf organization/association, a letter of cooperation must be attached to this application.
- Please follow the 11-page limit for your application and then add the cover letter (plus budget forms and letter of cooperation if needed). [Total 12–14 pages].

## List of projects areas we support for Deaf people:

- Child welfare/development
- Church/school/ministry center accessibility
- Data collection
- Deaf awareness
- Deaf education
- Deaf Ministry in congregations
- Health education
- Hearing health/testing/training
- Interpreter training
- Lutheran catechesis
- Parent education
- Pastoral and deaconess training
- Research
- Sign language education
- Seminary training
- Social enterprise
- Technology training
- Transition skills & daily living skills
- Vocational training
- Youth development

## Application Checklist:

- 1 page - Cover Letter
- 1 page - Background Information
- 1 page - Letter of Cooperation (If Needed)
- 2 pages - Project Summary
- 1 page - Gender Gap / Disability Gap
- 2 pages - Timeline
- 2 pages - Budget
- Additional Budget Forms (As Needed)
- 1 page - Personnel
- 1 page - Monitoring and Evaluation Plan
- 1 page - Sustainability Plan

# Cover Letter

**[1 page]**

Provide a one-page cover letter on letterhead signed by the President, Director or most senior program staff person responsible for the grant activity. Include the following information:

- a. Name of the organization and project
- b. Cost of project
- c. Project start and end dates
- d. The reason for the project
- e. How your proposal fits with the LFD mission and vision
- f. Contact person's name, position and email address/phone number
- g. The project area(s) you will work in

See page 36 for more information how to write your cover letter and an example on page 37 in the MNI Project Planning Manual.

# Background information

**[1 page]**

1. Write one paragraph about your organization's background.
  - a. What is your mission?
  - b. What is your vision?
  - c. Who is on your executive committee/board or board of directors?
2. Do you have any other organization policies (disability policy, gender policy, communication policy, etc.)? Include them here.
3. Write about the situation and problems your project will solve.
4. How does your project fit LFD's mission and vision?
  - a. Include the project areas you will work in.
5. Does your church/organization plan to work with other churches, organizations, government agencies, etc. during the project?
  - a. If so, please explain how.
  - b. If partnering with a local Deaf church/ministry or organization/association, a letter of cooperation from that local Deaf group must be attached to this application.
6. Add information about your organization's experience with project work, if any.

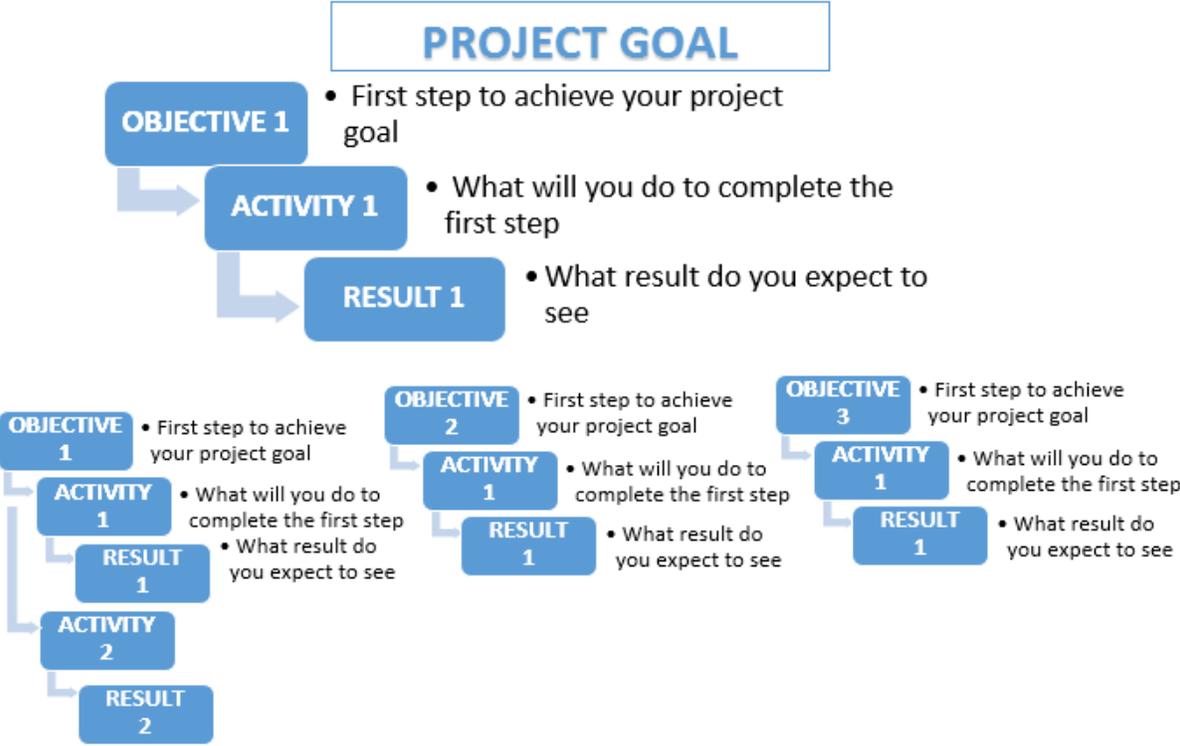
See page 6 in the MNI Project Planning Manual for more details about how to complete your background information for this application. Page 12 has an example of background information about an organization and their project.

# Project Summary

[2 pages]

1. One (1) paragraph summary of your project plan:
  - a. What is the goal of the project?
  - b. Where will you do your project?
  - c. How many beneficiaries will you have (people who will benefit from the project)?
2. Choose one chart below and fill it out with information about your project.

**Chart #1**



**Chart #2**



See below for two fillable charts you can use. If you need help filling out a chart, please see page 14 in the MNI Project Planning Manual and see an example on page 15.

**Fillable chart #1**

|                      |  |             |  |
|----------------------|--|-------------|--|
| <b>PROJECT GOAL:</b> |  |             |  |
| OBJECTIVE 1          |  | OBJECTIVE 2 |  |
| ACTIVITY 1           |  | ACTIVITY 1  |  |
| RESULT 2             |  | RESULT 1    |  |
| ACTIVITY 2           |  | ACTIVITY 2  |  |
| RESULT 2             |  | RESULT 2    |  |

**Fillable chart #2**

|                      |  |              |  |            |  |
|----------------------|--|--------------|--|------------|--|
| <b>PROJECT GOAL:</b> |  |              |  |            |  |
| OBJECTIVE 1          |  | ACTIVITY 1.1 |  | RESULT 1.1 |  |
|                      |  | ACTIVITY 1.2 |  | RESULT 1.2 |  |
| OBJECTIVE 2          |  | ACTIVITY 2.1 |  | RESULT 2.1 |  |
|                      |  | ACTIVITY 2.2 |  | RESULT 2.2 |  |
| OBJECTIVE 3          |  | ACTIVITY 3.1 |  | RESULT 3.1 |  |
|                      |  | ACTIVITY 3.2 |  | RESULT 3.2 |  |

# Gender Gap / Disability Gap

**[1 page]**

For international work, describe how your project will fill the Gender and/or Disability Gap by explaining the following:

1. How women and girls are included in your project
2. How women and girls will benefit from your project
3. How Deaf people with other disabilities are included in your project
4. How Deaf people with other disabilities will benefit from your project

For national projects, please explain how you will include Deaf people with other disabilities in your project.

See page 19 in the MNI Project Planning Manual for more information about the Gender and Disability Gap.

# Timeline

[2 pages]

1. In the chart, list the main activities for each month and mark which month will include the activities. See page 22 in the MNI Project Planning Manual for an example.

| Activity | Month 1 | Month 2 | Month 3 | Month 4 | Month 5 | Month 6 | Month 7 | Month 8 | Month 9 | Month 10 | Month 11 | Month 12 |
|----------|---------|---------|---------|---------|---------|---------|---------|---------|---------|----------|----------|----------|
| 1.       |         |         |         |         |         |         |         |         |         |          |          |          |
| 2.       |         |         |         |         |         |         |         |         |         |          |          |          |
| 3.       |         |         |         |         |         |         |         |         |         |          |          |          |
| 4.       |         |         |         |         |         |         |         |         |         |          |          |          |

2. In the below table, add more about information about activities for each month.

|          |
|----------|
| Month 1  |
| Month 2  |
| Month 3  |
| Month 4  |
| Month 5  |
| Month 6  |
| Month 7  |
| Month 8  |
| Month 9  |
| Month 10 |
| Month 11 |
| Month 12 |

# Budget

[2 pages]

1. Please complete the project budget using the chart below. See page 25 in the MNI Project Planning Manual for an example.
2. In the notes section, list any past or present funding and amount of support that your organization has received for projects. You can also attach budget forms from a previous or current project to this application.
3. Also explain:
  - a. Who will be responsible for the project funds
  - b. Where the funds will be kept (which bank)
  - c. How your finances will be monitored and reported

| Description   | Budget (USD) |
|---|--------------|
| 1. Direct labor (e.g. salaries, wages, etc.)                      |              |
| 1a.   |              |
| 1b.   |              |
| 2. Travel and per diem  |              |
| 2a.   |              |
| 2b.   |              |
| 3. Equipment and supplies   |              |
| 3a.   |              |
| 3b.   |              |
| 4. Program activities   |              |
| 4a.   |              |
| 4b.   |              |
| 5. Other direct costs (e.g. rent, utilities, communication, etc.) |              |
| 5a.   |              |
| 5b.   |              |
| Total   |              |
| <b>NOTES:</b>   |              |

# Personnel

[1 page]

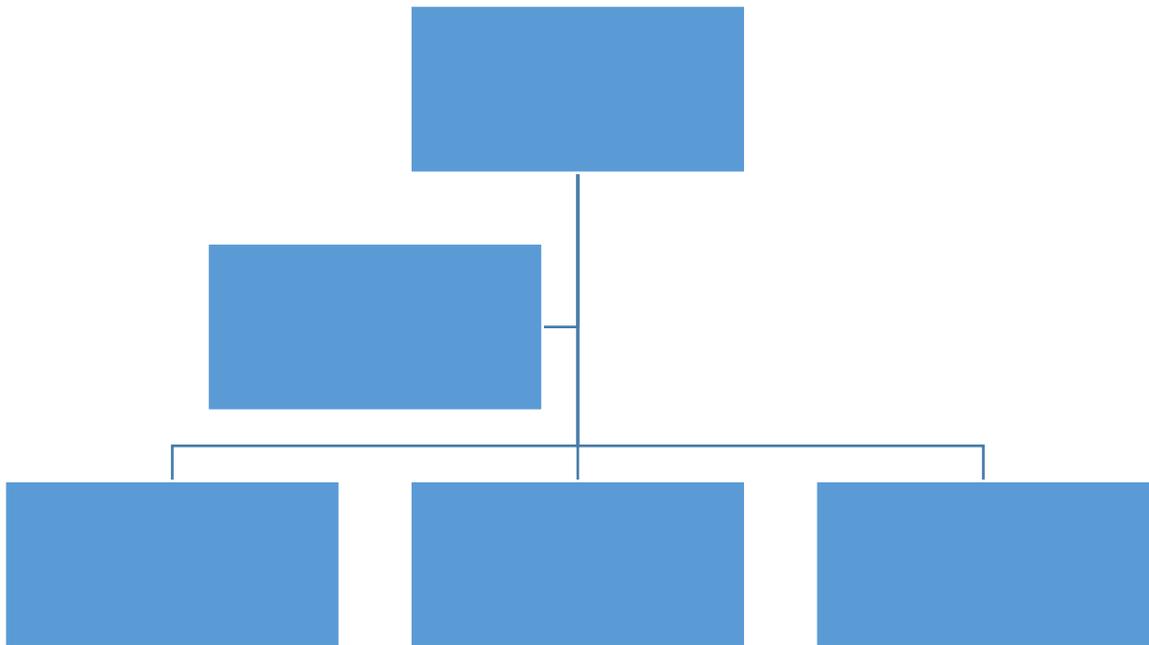
Show the number of people that will work on this project with the following details:

- a. Role or position
- b. Experience and qualifications
- c. Local and/or international
- d. Deaf, DeafBlind or DeafDisabled
- e. Male or female

You can use one of the fillable charts below or use your own. See page 28 in the MNI Project Planning Manual for an example of a management chart.

Additionally, explain about who are on your executive committee/board or board of directors and identify those who are Deaf, DeafBlind or DeafDisabled. You can complete another chart to show the executive committee/board of your organization.

|          |
|----------|
| POSITION |
| POSITION |
| POSITION |
| POSITION |



# Monitoring and Evaluation Plan

**[1 page]**

1. Think about your life now. Explain how life would be different if your project is successful.
2. Explain what changes in behaviors, relationships or actions you want to see when the project is finished.

See page 29 in the MNI Project Planning Manual for more information about how to write your Monitoring and Evaluation Plan.

# Sustainability Plan

**[1 page]**

Describe your Sustainability Plan for after the project or funding ends. Please answer the following questions:

1. Think about when your project is finished. What will your team do to continue the project after you stop receiving money?
2. Imagine the funding is finished and your project money is gone. What community resources will you use to continue your successful project?
3. How will you use the successful results and excellent resources from your project in the future?

See page 32 for information about writing your Sustainability Plan and an example on page 34 in the MNI Project Planning Manual.

**END OF APPLICATION**