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**Sprinkles of Grace Mini Grant**

**Cover Page**

*“I will sprinkle clean water upon you”* Ezekiel 36:25

**Church Information**

Name:

Mailing Address:

Phone Number:

**Grant Contact Person**

Name:

Mailing Address:

Phone:

Email Address:

**Creative Name of Project** (Do not use the name of your church/churches in the name of the project. This is the only identification that will be placed on the application.)

**Your Mini Grant Team Members** (Also briefly tell us how this team came about**)**

**Background**

Briefly (maximum of ten sentences) tell us about your current ministries available to families with children aged birth through 8 years old. Include who is involved in these ministries.

**Media Release**  
 In order to share the news of the mission and ministry of the Sprinkles of Grace grant, we will use images (photo/video) provided by grant recipients of the participants (children and adults) in their grant projects. These images may be shared on the SD Synod website, social media, SD Synod newsletters or other printed materials or in presentations during Synod Assembly or other Synod gatherings. If you are comfortable with the use of the images we receive for these purposes, please indicate below.

I hereby give permission for the Sprinkles of Grace Grant Team and/or SD Synod staff to use images I have provided taken during the grant project for purposes described above. No children/youth will be identified by name. I understand that I will be contacted for special permission should any photo be considered for use other than described above.

Signature of Pastor or Project Contact Person

The application and cover letter should be sent to [sprinklesofgrace@sdsynod.org](mailto:sprinklesofgrace@sdsynod.org)