



One More, One Less Orphan Ministry Adoption Grant Details

One More, One Less (OMOL) is honored to grant up to \$3,000 to qualifying applicants. OMOL reserves the right to change the amount at any time.

The ministry board will review the applications according to the set criteria and approve funds as available.

Grants are available to:

1. Applicants who process their adoption through a licensed agency with a 501(c)(3) status.
2. U.S. Citizens and ND residents who are Christian, heterosexual (singles or couples), with a preference given to members of Charity Lutheran Church.
3. Qualifying applicants regardless of income level.
4. Applicants who have a completed and approved home study by a licensed social worker or agency and are waiting on their child to be placed in their home.
5. Applicants who have not previously received a One More, One Less adoption grant.

After the application has been reviewed, a member of the OMOL selection committee will call to meet and discuss the application and find out how we can best assist you. The grant funds will be distributed directly to the 501(c)(3) agency after approval.

A follow up interview and a photo of the grant family will be requested once the adoption process has been completed. A testimony of the family experience would also be appreciated.

We are building a OMOL family of support and would be delighted for grant families to be involved in future fundraising and support for other families who choose to go through the same process.

Please send your completed application (including the form to be filled out by your agency and proof of their 501(c)(3) status) to:

Charity Lutheran Church
c/o One More, One Less
120 Aspen Ave
Bismarck, ND 58501
onemoreonelessministry@gmail.com
Kevin (OMOL President): 701-226-0539

Please allow 90 days for notification.





One More, One Less Orphan Ministry Adoption Grant

Date _____

1. General Information

Please provide your contact information:

First Name _____ Last Name _____

Spouse Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ E-mail address _____

Mobile phone _____

Number of dependent children in your immediate family? _____

Are you adopting through an official 501(c)(3) placing agency? _____

Date home study was satisfactorily completed _____

Grant amount requested (up to \$3000) _____

II. Employment Information

Name of Organization/Employer _____

Position _____ Work Phone _____

Does your employer have adoption benefits? Yes No (Circle one)

Spouse's Occupation _____



III. Church Information

Name of Church _____

Church Address, City, State, Zip _____

Church Phone _____ Church Website _____

Sr. Pastor's Name _____

Does this church currently have an adoption ministry? Yes No (circle one)

Do you belong to a small group at your church? Yes No (circle one)

Do you volunteer at this church? Yes No (circle one)

IV. Agency Information

Home study agency

Adoption Agency Name _____

Agency Address, City, State, Zip _____

Agency Phone _____ Caseworker's Name _____

Caseworker's Phone _____ Caseworker's e-mail address _____

Placement agency *(if different from home study agency)*

Adoption Agency Name _____

Agency Address, City, State, Zip _____

Agency Phone _____ Caseworker's Name _____

Caseworker's Phone _____ Caseworker's e-mail address _____

We prefer the check be sent to (circle one) Home study agency Placement agency

Important: Please send your agency form (pg. 6) to the agency you circled.



V. Adoptee Information

We realize that you may not yet have answers to the following questions. If you do not yet know an answer, simple leave the field blank—this will not impact your application. However, we ask that you do fill in the final box below to provide us with some information about your inspiration for adopting.

Adoptee's Name _____ Adoptee's Birthdate _____

Adoptee's Country of Origin _____ Expected Placement Date _____

What has inspired you to build your family through the miracle of adoption?



Are there any additional needs/special considerations?

How did you hear about One More, One Less Orphan Ministry? _____

PLEASE SIGN

Applicant #1 Signature

Applicant #1 Print Name

Applicant #2 Signature

Applicant #2 Print Name

By signing this application I/we acknowledge that all the information provided in this grant application is truthful and accurate. I/we understand, authorize and agree that our completed application will be reviewed by the grant selection committee at OMOL. I/we also acknowledge that OMOL may call any of the individuals listed to receive additional background information important to the approval and may also share basic information (name, phone number, etc.) between branches of OMOL. Grants are funded per policy restrictions.

OMOL Use Only

● Date Received _____ ● Approved/Denied ● Date of Decision _____ ● Date Paid _____



One More, One Less Orphan Ministry Adoption Grant
Adoption Agency Form

Date _____

*Thank you for your work in connecting children with their forever families. Please fill this form out completely and return it **along with proof of your 501(c)(3) status** to the family applying for the OMOL grant so it can be included with their application.*

Name of Family Applying _____

Adoption Agency Name _____

If approved, the check should be sent to:

Agency Address, City, State, Zip _____

Contact Name _____ Agency Phone _____

Special instructions for the payment of the grant:

Does the grant family have a valid and approved home study (please circle)? Yes No

By signing this document, I acknowledge that the information provided is truthful and accurate. I also agree the money will be used only for the approved grant family.

PLEASE SIGN

Signature

Title

Please don't forget to give your adoptive family proof of your 501(c)(3) status. Thank you! If you have any questions, please call Kevin (OMOL President) at 701-226-0539.