

Grant Application

For Congregational Development or EMLI Parish Mission Grants

APPLICATIONS ARE REVIEWED QUARTERLY
AND MUST BE SUBMITTED BY
MARCH 15th, JUNE 15th, SEPTEMBER 15th, or DECEMBER 15th

Warning: You must use the most recent version of the FREE Adobe Reader to fill out this form, or your data will not be saved. For tablet users, please check that your PDF app is compatible with reader. Mac users, note that the Mac "Preview" application will not save your data - please use Adobe Reader.

Filing Instructions :

- 1. Before starting, download and save a copy of the application to your desktop. Work off of the downloaded application.**
2. Choose the Grant you are applying for (Mission or Congregational Development).
3. Email the completed Application to: EMLI@dioceseli.org
4. In the "Subject Line" of the email, specify Grant Type: (Mission or Congregational) and The Program Name.

What to expect after submitting the application:

1. You will receive an email confirming that your grant was received and when you can expect a decision to be made.
2. The Clergy-in-Charge is asked to respond to this email to confirm that the proposed ministry will have the support of parish leadership.
3. EMLI may request supportive documents, bids and cost estimates for expenses in excess of \$1,000.

*******Remember to save your work as you proceed through the application*******

GRANT TYPE: (Please Choose One)

EMLI Parish Mission Grant Applications

Congregational Development Grant Applications

Name of Program: _____

Sponsoring Parish: _____

Address: _____

City/Town: _____

Parish Web Address : _____

Name of Clergy in Charge: _____

Phone Number of Clergy in Charge: _____

Email Address of Clergy in Charge: _____

Name of Program Director/Coordinator

Email of Program Director : _____

Phone number of Program Director : _____

Name & Contact information of secondary program contacts that are able to speak to the project or program:

1. _____

2. _____

Have the Vestry and Clergy of the parish reviewed and approved this request?

Y N If no, please explain: _____

Parish Information

Your Current parish pledge/tithe for the Diocesan Ministry Plan: _____

Parochial Report (date filed): _____

Parish Audit Certificate (date filed): _____

List some of the ways your parish participates in ecumenical, deanery and diocesan activities:

Please use the space below to answer the question that corresponds to the type of grant for which you are applying:

For Congregational Development Grant Applications:

What do you see as the 2 most significant issues before your congregation that you hope to address through this grant request?

For Mission Grant Applications:

What do you see as the 2 most significant issues within your surrounding neighborhood or community that you hope to address through ministry?

1.

2

Program Information

What prompted your parish to begin this project or ministry?

What do you intend to accomplish through this project or ministry?

How does this effort change or improve the lives of those being served?

List a minimum of 2 (two) main goals of your program and the corresponding objective for each goal.
*(For example: Goal – to develop a program to feed the homeless within our parish boundaries
Objective – To provide 25 meals twice per week)*

Goal:

Objective(s):

Goal:

Objective(s):

Goal:

Objective(s):

List the specific activities of the program that support the goals and objectives:

What, if any, barriers do you anticipate with this project or program? (e.g. risk of injury, bad publicity, lack of funding, low participation, difficulty recruiting volunteers, etc.)

What is your timeline for implementation of specific tasks and milestones?

<u>Specify Year:</u>	<u>Milestone:</u>
January:	
February:	
March:	
April:	
May:	
June:	
July:	
August:	
September:	
October:	
November:	
December:	

Day and hour of operations (if applicable): _____

Date Program Begins: _____

Date program ends: _____

Staff & Volunteer Information (if applicable)

Staffing Requirements

Full Time

Part-time: _____ number of hours per week

Total # of volunteers that will be needed:

List all clergy and lay leaders who will be involved with monitoring, supervising or evaluating the program:

Will you need to recruit volunteers from the wider community?

Please list specific tasks or requirements for volunteers. (Include skills needed, functions to be performed or training that must be completed.) Attach position descriptions whenever possible.

Please describe how you will empower and equip your volunteers to be successful in their respective role(s):

Contact name, phone number and email of volunteer coordinator:
(Please provide an organizational chart if one has been developed)

Budget Information

Total annual budget for this project (ministry): _____

Amount being requested: _____

What monetary support is being provided by the sponsoring congregation? If none, explain why.

What external resources (monetary or otherwise) have been explored with individuals or organizations from outside of the church to help you meet the needs of the program?

Please describe any in-kind gifts (**non-monetary**) support that you will receive from internal or external sources that have an impact on your budget. *Consider the value of volunteer labor, value of food donated, value of space donated (if program is running during a time when the church would otherwise be closed), value of donated supplies or materials. Also consider donated services from members of the congregation, fundraising or outreach efforts from members of the congregation, and the like.*

What, specifically, will the money be used for? (new appliances, art supplies, print materials etc.) List all items here:

Program Budget

Name of Program:

Sponsoring Parish:

Name of Person Completing Budget:

Program Income	First Year Projected Income	
Individual Donations		
Sponsoring Parish		
Tuition/Membership Fees		
Endowment		
Government Funds		
Value of In-Kind Donations		
Episcopal Ministries (EMLI) Grant		
Congregational Development Grant		
Other (specify):		
Total Income \$		
Program Expenses	First Year Projected Expenses	Requested Amount (portion that will be covered by the grant)
Staff – Salary		
Administrative Expenses (Benefits, etc.)		
Food / Refreshments		
Tuition Assistance/Scholarships		
Transportation		
*Supplies & Materials		
Rent		
Utilities		
Maintenance		
Insurance (related to program)		
Training costs		
Marketing & Outreach Materials		
*Miscellaneous (please explain)		
Total Expenses \$		\$
*Please list specific items in the Supplies & Materials or Miscellaneous Columns Here:		

Supplemental Information

What will be your benchmarks for success? (What will you consider are the criteria for successful implementation?)

How will you evaluate the results or impact of this effort (ministry)?

What technical support, training or expert consultation will you need in order to help you execute or sustain this program (ministry)?

Please explain how you will sustain this program beyond the grant period. What do you anticipate you will need in order to continue the program?

Have you identified other similar programs or services in your local community? If so, have you connected with them?