**Relational Refugee And Asylum**

**Seeker Resettlement Ministries**

 **Year 1 Grant Application**

**Mission Tithe Matching Grant for Global Mission**

The Episcopal Diocese of Massachusetts

138 Tremont Street

Boston, Massachusetts 02111

U.S.A.

**Contact Information**

*(Boxes around each section will expand automatically to accommodate typed information)*

***1.*** *Name of* ***congregation****:*

 *Address:*

 *Telephone:*

 *Email address:*

 *Do you have a website? Please list web address:*

 *Fax, cellphone, or other information that may help us to communicate:*

***2. Individuals’*** *contact information:*

***Rector****:*

*Telephone:*

*Email address:*

***Grant writer****:*

*Telephone:*

*Email address:*

***Mission & Outreach Coordinator****:*

*Telephone:*

*Email address:*

***3. Refugee/Asylum Seeker Partner:*** *With whom do you have a relationship? A family? A resettlement agency? Is your parish in partnership with other local groups in supporting this effort? If so, whom?*

***5.*** *Names of people* ***responsible*** *for implementing the project:*

***Congregation****-based:*

*Name:*

*Address:*

*Telephone:*

*Email address:*

***Refugee Resettlement Agency*** *supporting the partnership:*

*Name:*

*Address:*

*Contact person:*

*Telephone:*

*Email address:*

**Grant Summary Information**

*(Boxes around each section will expand automatically to accommodate typed information)*

***8.*** *Grant* ***request*** *for (please check all that apply): Program Supplies Rent Transportation*

 *Other (explain)*

***9.*** *Funds expected to be* ***used*** *within one year of grant?* ***Yes No***

***10. Amount*** *requested in U.S. dollars: $*

***11.*** *One- or two-paragraph* ***summary*** *of the proposed activity (who, what, where, when):*

***12. Authorized Signatures*** *(please send a separate email confirmation of your support of this application to both* *laura@walta.org* *and* *lzook@diomass.org**)*

*Rector: Printed Date:*

*Senior Warden: Printed Date:*

**Relational Resettlement Ministry Description**

In the following page(s), use the following questions to describe in detail the activities for which funding is sought, including the needs or opportunities the project is intended to address, project methods, anticipated staffing, time frame and benchmarks, and provisions for management and financial oversight, including specific goals, anticipated outcomes, and measurement against goals.

***13. Project Narrative******(no more than 3 pages, single-spaced. Please maintain at least the 11 point font.)***

*(Each section will expand automatically to accommodate typed information)*

*Typical Focus*: Develop friendship with local refugees; form partnership with local refugee resettlement agencies; support long-term integration into the community; assist with emergency medical expenses, legal expenses, job training, professional certifications, and other one-time, non-consumable expenses beyond the assistance provided by resettlement agencies.

1. Describe the experience of your congregation (or organization) with local mission in or around your community. Is this relationship ongoing? Is there anything that your parish has experienced in local mission that could be applicable to this new ministry?
2. With respect to this grant application, describe the Refugee Resettlement/Asylum Seeker agency with whom you partner. Why did you choose this particular agency? What are their rules regarding having face-to-face contact with the refugees/asylum seekers you may be helping to support? If the agency does not allow contact with the family, describe how your congregation will develop a relationship with refugees in general, or with refugees from a specific culture or context diferent than your own.
3. Please describe the circumstances of the people directly served by the project. From where did they immigrate? Why did they flee, and what were their major challenges? What are challenges that they will face as they resettle in a new country?
4. (If applicable) Describe the nature of your planned activity together.
5. Describe the ways in which this mission relationship benefits both you and your partner.
6. How is your congregation involved and integrated with your mission work?
7. With what other people or organizations are you collaborating (both here and abroad)? Describe the nature of your collaboration. With whom would you seek collaboration?
8. How will your mission work promote growth and independence in your partner family and/or community?

1. General narrative: What else should we know about this project that you haven’t told us?

**Financial Information**

Provide a detailed budget for the year, broken down by function and/or expense area and by time. List the amounts of funds donated from other sources, including their names and contact information. Identify the budget items for which grant funding is being requested. Use this page as a guide. (*Tab in the bottom right block to add additional lines to each table.)*

***14. Available/anticipated funding, including requested Matching Grant funds:***

|  |  |
| --- | --- |
| *Source with contact information* | *Amount in U.S. dollars* |
| Requested grant funds (from #10)\* |  |
|  |  |
|  |  |
|  |  |
|  |  |

Total available funding:$

***15. Itemize one-time expenses*** *(with long term benefits-e.g., education, training, legal assistance):*

|  |  |
| --- | --- |
| *Item* | *Amount in U.S. dollars* |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Total capital expense: $

***16. Itemize ongoing expenses*** *(consumables and day-to-day ongoing costs) include duration:*

|  |  |
| --- | --- |
| *Item* | *Amount in U.S. dollars* |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Total operating expense:$

**TOTAL PROJECT EXPENSES (15+16)\*\*: $**

*\* Grant funds should not exceed 50% of Total Available Funding*

*\*\*Should equal #14 Total Available Funding.*

***17. Funds Custodianship*** Should your proposal be accepted, what institution will serve as custodian of the funds? Describe the method used for transfer of funds to your organization and the process by which draws are authorized against those funds, including the number and nature of signatures required for disbursement.

# Checklist A

20 practices that often contribute to long-term congregational vitality

Which of these have you engaged in during the past year or 18 months?

 **It is not necessary to complete all of these activities to receive funding.**

We are requesting this information to gain a better understanding of how your parish does business. It helps the review committee to get a better sense of parish life and interests.

|  |  |  |
| --- | --- | --- |
|  | **√** | **Name of Congregation: Location:**  |
| **1** |  | Conducted a Mutual Ministry Review of/by vestry and clergy |
| **2** |  | Conducted vestry goal-setting |
| **3** |  | Conducted vestry review of progress on goals previously set |
| **4** |  | Created or revised a parish mission or vision statement |
| **5** |  | Created or updated a long-range parish plan |
| **6** |  | Obtained or studied a demographic profile of your ministry area (such as a Percept profile) |
| **7** |  | Obtained an independent audit of your books |
| **8** |  | Graphed and tracked your average Sunday attendance over at least the last 10 years |
| **9** |  | Created or revised a comprehensive parish profile (the kind produced in a clergy search or a major strategic planning process) |
| **10** |  | Undertook a building audit (the kind offered by the Diocesan Property Committee) |
| **11** |  | Undertook an energy audit (the kind offered by a local energy company or by Massachusetts Interfaith Power and Light) |
| **12** |  | Conducted a face-to-face stewardship canvass of your parish households |
| **13** |  | Developed a planned giving program |
| **14** |  | Held a special vestry day or weekend retreat focused on team-building, planning, or spiritual growth |
| **15** |  | Send staff or parishioners for Anti-Racism training |
| **16** |  | Sent staff or parishioners for Safe Church Training |
| **17** |  | Completed a Safe Church policy |
| **18** |  | Participated in an intentional partner relationship with another congregation |
| **19** |  | Used a consultant (diocesan consultant or other) to help you address an opportunity or challenge |
| **20** |  | Applied for a grant (from diocesan funds or elsewhere) to help your congregation start or expand a ministry |

# Checklist B

### Required for all applicants

**Complete applications must contain satisfactory explanations of circumstances related to all questions answered in the negative.**

**Please note**: *No funds will be distributed to congregations that are delinquent in Parochial Report filing, Annual Audit, Stokes Loan payments, or Assessment payment* *(or Assessment Payment Plan compliance). These are* ***all******required****.*

|  |  |  |
| --- | --- | --- |
|  | **Yes / No** | **Name of Congregation: Location:**  |
| **1** |  | Is the congregation current with its filing of the Annual Parochial Report?  |
| **2** |  | Is the congregation current with its filing of the Annual Audit? (Congregations must submit completed audits to the Office of the Treasurer by September of the following year.) |
| **3** |  | If applicable, is the congregation current with any Stokes Loan payments? |
| **4** |  | Is the congregation current with its Annual Assessment or Assessment Payment Plan? |
| **5** |  | If applicant is awarded a grant, does the congregation commit to providing all required reports during the period of the funded program? *Required for funding.* |

***END OF APPLICATION FORM.***

***THANK YOU FOR YOUR APPLICATION!***

***PLEASE EMAIL TO BOTH***

***LAURA WALTA at*** ***lwalta@diomass.org*** ***and LAUREN ZOOK at*** ***lzook@diomass.org***

***“Snail” mail is strongly discouraged.***