**Relational 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. Location*** *where project will be implemented (if there is a connection with the Anglican Communion please fill out #4, as well. If not, please list the location and skip to #5):*

***4.*** *Anglican* ***diocese*** *where project will be implemented:*

 *Name of bishop:*

 *Bishop’s telephone:*

 *Bishop’s email address:*

 *Will the Diocesan bishop be actively involved in this project?*

 *If not, who will be the Anglican representative?*

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

***U.S.****-based:*

*Address:*

*Telephone:*

*Email address:*

***Mission partner****:*

*Address:*

*Telephone:*

*Email address:*

**Project Summary Information**

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

***8.*** *Grant* ***request*** *for (please check all that apply): Program Equipment Building Travel*

 *Other (explain)*

***9.*** *Project expected to be* ***complete*** *within one year of grant?* ***Yes No***

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

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

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

*Rector: Printed Date:*

*Senior Warden: Printed Date:*

**Project Description**

In the following page(s), use the following questions to describe in detail the project 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*: Discern a new relationship; Establish a new relationship, or review an existing relationship, in light of the elements of healthy relational mission; Learn about each other; Spend time together; Limited travel, room, and board (note that travel expenses by participants can be used as match).

1. Describe the experience of your congregation (or organization) with local mission in or around your community. Is this relationship ongoing?
2. With respect to this grant application, with what congregation and/or community are you in relationship? Where are they located? Please describe the circumstances and challenges of your partner community.
3. How did your congregation decide to pursue a relationship with this particular community? Was there already a connection? Was there a discernment process? If so, please describe.
4. Will there be a project that you are working on together? If so, please describe how the project idea began. What role does your partner play in decision making? What role do you each play in completing the project?
5. Describe the nature of your other planned activity together. How will you get to know one another?
6. How is your sending community involved and integrated with your mission work?
7. How are you preparing for this relationship? Describe the mission formation/education that you will complete before meeting or engaging with your partner.
8. What do you hope to learn about your partner? What do they hope to learn about you?
9. What is your relationship with the local Anglican/Episcopal Diocese of your partner?
10. 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?
11. 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. Include contractor estimates for all proposed capital expenses (e.g., costs of proposed buildings and equipment). 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 project 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 project infrastructure expenses*** *(one-time start-up costs for site and durable equipment):*

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

Total capital expense: $

***16. Itemize project operating expenses*** *(consumables and day-to-day ongoing costs) in order of priority:*

|  |  |
| --- | --- |
| *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

### Required for all applicants

Please indicate which of these your congregation has done during the past year or 18 months. These 20 practices often contribute to long-term congregational vitality. (**Note**: *It is not necessary to complete all of these to receive funding.*)

|  |  |  |
| --- | --- | --- |
|  | **√** | **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, Clergy Compensation Worksheet 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 LAURA WALTA AT:*** ***lwalta@diomass.org***

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