



CONGREGATIONAL GROWTH GRANT APPLICATION

APPLICANT INFORMATION

Name of Parish(es): _____

Diocesan Region: _____

Primary Contact (s) (*First and Last Name*): _____

Email: _____ Phone Number: _____

Amount Requested \$ _____ Date Submitted: _____

DESCRIPTION OF THE MINISTRY INITIATIVE

(Provide an approximately 300-word response to each question below.)

What does this initiative hope to achieve?

How does this fit within diocesan priority areas?

Who is the target audience?

How will success be measured?

What is the timeline for this ministry initiative?

Is this going to be a one-time project or do you plan for this to be ongoing project?

What is the budget for the initiative? (i.e.: supplies, equipment, etc.) Attach your budget for use of grant funds.

If your congregation is currently in a clergy transition, please explain what effect, if any, this grant will have on that process.

SIGNATURES

Rector(s) or Priest(s)-in-Charge of collaborating parishes:

Date:

Senior Warden(s) of collaborating parishes—or designee of the Senior Warden(s):

Date:

Please email growthgrants@edow.org with any questions.