



CONGREGATIONAL GROWTH GRANT APPLICATION

APPLICANT INFORMATION

Name of Parish (es): _____

Diocesan Region: _____

Primary Contact (s) (*First/Last Names*): _____

Email: _____ Phone Number: _____

Amount Requested \$ _____ Date Submitted: _____

Is this a new grant application [] or a renewal of a previous grant []?

DESCRIPTION OF THE MINISTRY INITIATIVE

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

Please tell us about your proposed ministry/program initiative.

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 an ongoing project? Briefly explain process for future funding.

What is the budget for the initiative (i.e.: supplies, equipment, etc.)? Please attach a copy of your budget and narrative.

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: