

Mission Priorities Grant Application

**Who should apply**: As a general guideline, Mission Priorities grants are awarded to established programs with a proven track record. New programs are advised to seek funding from the *New Initiatives Fund* grant process.

**How to apply**: To apply for a Mission Priorities grant, please use this application form. Please enter your responses directly into the document. Questions and/or completed applications should be sent via email to [grants@episcopalmaine.org](mailto:grants@episcopalmaine.org)

**Review process**: Once received, your application will be reviewed for completeness and evaluated to determine if it meets the “Criteria for Mission” adopted by Diocesan Council. A member of the Grants Committee will be assigned to act as your liaison and will be in touch with any questions prior to presenting your application at an upcoming meeting of Diocesan Council.

**Criteria for Mission**: The Diocese will consider grants for ministries that:

* Embody our baptismal promise to seek and serve Christ in others, respecting the dignity of every human being.
* Have energetic leadership with experience and passion for their ministry.
* Have program evaluation processes in place and an articulated plan to achieve sustainability and/or have significant or lasting impact.
* Are willing to share personnel, resources, and best practices with the Diocese.
* Demonstrate innovative thinking, transparency, equity, fairness, and collaboration.

# Expectations:

* Those program groups that receive grants will be expected to use their funds in the budget (calendar) year.
* Funding will go to active, functioning program groups.
* Incomplete applications will not be accepted.
* Mission Priority Grants *do not cover* expenses related to total compensation, salary, or benefits.

# DEMOGRAPHIC INFORMATION

Name of applicant program:

Location of applicant program:

Name of person completing this application:

Relationship/role to applicant program:

Sponsoring congregation:

Address:

Your email address:

Your phone/cell number:

Name of Priest-in-Charge, or Senior Warden (in the absence of a PiC), committee or program group chair. [Note: this application must come with the written endorsement of the PiC and/or Senior Warden.]:

# MINISTRY INFORMATION

Please provide the mission statement of this group and describe the group’s purpose.

Describe how your ministry embodies our baptismal promise to seek and serve Christ in others, respecting the dignity of every human being.

Describe how your ministry collaborates, integrates, or supports other churches, organizations, or affinity groups and list those groups.

Does your ministry have ecumenical partners? Please list.

Does your ministry have experienced and passionate leaders? Check the one that most closely describes your situation:

* One leader who has led for two years or more. -------
* Two leaders who have led for a combined total of five years or more. --------
* Three (or more)leaders who have led for a combined total of ten years or more. ------
* At least one additional member who will step up to fill in when needed. -------

# MEMBERSHIP INFORMATION

Describe your membership.

|  |  |
| --- | --- |
| **Active Members** | **From these Congregations (name/location)** |
| Less than 5 active members |  |
| 6-10 active members |  |
| 11-19 active members |  |
| More than twenty active members |  |

Select one from each column.

|  |  |
| --- | --- |
| **Our Ministry Serves** | **From** |
| Less than 50 participants | Less than 5 congregations |
| 51-75 participants | 6-10 congregations |
| 75 to 99 participants | 11-25 congregations |
| More than one hundred participants | More than 25 congregations |

Over the past two years, participation has been (underline one):

Growing Holding steady Declining

Are you actively recruiting new members and training them to take on leadership in the future?

What is your plan to develop leadership for your ministry?

# IMPACT ASSESSMENT

How does this ministry evaluate its value to the community, congregation(s), or Diocese? What are the ways your ministry impact is measured and/or evaluated?

How does your ministry share its successes, failures, challenges, or triumphs with others doing similar work? Please list those partners.

How will this ministry move from delivering a program to participants to making the program self- sustaining or having a lasting impact? How do you plan to grow your ministry?

Do other organizations offer financial resources to support this ministry? List the organizations and the amount of their annual contribution.

# FINANCIAL INFORMATION

Has your program group, committee, or ministry been previously funded by any Diocesan Grant Program (please list the grant program and the year of the award) or is this a first-time request?

|  |  |
| --- | --- |
| **Category** | **Amount Budgeted** |
| Administration (postage, paper, supplies) |  |
| Training |  |
| Educational Materials |  |
| Communications |  |
| Digital/Electronic Support (please list) |  |
| Meetings |  |
| Mileage Reimbursement for Meetings |  |
| Seminar/Program/Advancement Training Opps |  |
| Travel for Above |  |
| Other (specify) |  |
| Other (specify) |  |
| Other (specify) |  |
| TOTAL 2023 Mission Priority REQUEST |  |

How do you plan to track any funding received from the Diocese?

# TELL US MORE

Is there anything else you would like the members of the Grants Committee to know about your program group, committee, or ministry?

# ENDORSE YOUR APPLICATION

Digital Signature and Date

*Please save your completed application, attach any supporting documents, and send in an email addressed to:* [*grants@episcopalmaine.org*](mailto:grants@episcopalmaine.org)