

**APPLICATION FOR UNITED CHURCH MISSION
OUTREACH MINISTRY AND SOCIAL ISSUES PROJECTS**

MSG 7

This Mission Unit is (check one):

- Read instructions below
- Answer all sections

Outreach Ministry Campus Ministry Chaplaincy

Year for which grant is sought _____

Mission Unit _____

Presbytery/District _____

Conference _____

Number of years MSG received _____

COMPLETING THE APPLICATION

Please complete ALL of the information and include ALL of the supporting documents requested. If anything is not applicable to your Mission Unit please indicate NA and state the reason why. Failure to provide all the information requested may delay or deny your application.

Forward a copy of the completed application to your local Conference Office and send a second copy to your local Presbytery/District Mission Support Convenor/Committee listed below. Once recommendations have been made by your local Presbytery/District, approved applications will be sent to your local Conference Officer. We encourage the use of email to speed up the process (.pdf file). Presbytery/District action is not necessary for Conference Ministries. The decision of the Conference Committee will be sent to you as soon as possible after the meeting.

SUBMITTING THE APPLICATION

Please return the completed application and all the required supporting documents to the address below by **12:00 NOON, FRIDAY, AUGUST 28, 2009**

**Toronto Conference
65 Mayall Avenue,
Downsview, ON M3L 1E7**

CONTACT PERSON

Please give the name and telephone number (& e-mail address) of a person (preferably the person filling out the application) who could give further information about this application if necessary:

Name: _____

Phone Number: _____

E-mail Address (if available): _____

Conference Office Use Only

Grant Requested: _____

Grant Approved: _____

**APPLICATION FOR UNITED CHURCH MISSION
OUTREACH MINISTRY AND SOCIAL ISSUES PROJECTS**

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IDENTIFICATION

1. NAME OF OUTREACH MINISTRY OR SOCIAL ISSUES PROJECT:	Name		
2. ADDRESS:	Number and Street		City/Town
	Province	Postal Code	Telephone
3. CHARITABLE STATUS:	Charitable Organization No.	CRA Registration Current <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. NAME AND ADDRESS OF DIRECTOR, CHAPLAIN, CO-ORDINATOR	Name of Director, Chaplain, Co-ordinator		
	Number and Street		City/Town
	Province	Postal Code	Telephone
5. CHEQUE MADE PAYABLE TO:	Name		
	Number and Street		City/Town
	Province	Postal Code	Telephone

6. HOW LONG HAS THIS PROJECT BEEN ACTIVE? Describe past activities (if any).

7. IF THIS IS A JOINTLY OWNED MINISTRY, PLEASE LIST ALL PARTNERS.

8. HAS THIS PROJECT RECEIVED UNITED CHURCH FUNDING BEFORE? If yes, when? From what source(s)? - e.g. local congregation, U.C.W., etc
 YES NO

9. NUMBER OF PERSONS PARTICIPATING IN THIS PROJECT

This number should include Board members, staff and participants (if possible) who will be involved in this project

DESCRIPTION

10. DESCRIBE PROJECT, PROGRAMS AND CONSTITUENCIES SERVED.

Use separate sheet if necessary.

11. FINANCIAL STATEMENTS AND BUDGET PROJECTIONS

- a) Please submit a copy of the most recent fiscal year's audited/reviewed financial statement and the approved budget for the same period. (This would probably be from your most recent Annual Report.) Please describe your fiscal year if different from the calendar year.
- b) Please submit a copy of a current and complete financial statement disclosing all bank balances, financial investments, financial assets and financial liabilities, and a copy of the current approved budget.
- c) Please submit a copy of the proposed budget for the year the grant is requested.
 - Be sure to provide your organization's total operating budget.
 - Indicate all the sources of funding.
 - Indicate the amount being sought from Mission Support Grant.
 - Provide all available details on income and disbursements.
 - List assets and liabilities of the organization.
 - If you hold investments or reserves, please indicate any restrictions that may apply to the use of each fund.

12. STAFF/MINISTRY PERSONNEL SUPPORTED BY THIS GRANT

Name	Status	Inc. Cat.	Basic Salary	Salary Allowances		Housing Allowance	Travel Expenses	
				Specify	Amount		Km/m	Amount

Re Status:
CAM-Congregational Accountable Minister, CS-Candidate Supply, DM-Diaconal Minister, IS-Intern Supply, DLM-Designated Lay Minister, OM-Ordained Minister, OS-Ordained Supply, SS-Student Supply, RM-Retired Minister, OT-Other (Please Specify)

13. REQUEST

Amount requested from Congregational, Educational, and Community Ministries (Mission Support Grant) \$ _____

14. TOTAL BUDGET

Please Note: a/ **Outreach Ministries/Community Ministries** receiving United Church Mission support funding for **\$50,000** or more must submit a quarterly financial report from before the next cheque will be issued.

b/ United Church Outreach Ministries/Community Ministries receiving more than 60% funding from United Church sources, are required to adhere the Salary and Allowances Schedules and policy for ministry personnel.

15. MISSION STATEMENT Please record your Mission Statement (If you have one)

16. STATEMENT OF INTENT

Please describe:

- a) the context in which your ministry is situated
- b) why you are applying for a grant
- c) how long you anticipate needing such a grant
- d) a financial plan for decreasing the grant
- e) effect on the ministry if request is not granted

17. OUTREACH MINISTRY ACTION

- (a) The project that we have described reflects the activities we are proposing to undertake.
- (b) Funds received from the United Church will be spent in accordance with the purpose outlined in this application.

Grant Requested \$ _____ Signature _____

Date of Board/Council Action _____ Office held _____

18. PRESBYTERY/DISTRICT ACTION

Grant Recommendation \$ _____ for the year _____ to begin _____ (month, day)

Presbytery/District of _____ Signature _____

Secretary of Presbytery/District

Date of Presbytery/District Meeting _____

To be answered by Presbytery/District Secretary: How is the funding of this ministry a contribution to the Presbytery's missional goals and objectives?

19. CONFERENCE ACTION

The foregoing application has been assessed and found to meet the requirements in the **Policy and Procedures related to Conference Mission Support Grant.**

Grant \$ _____ for the year _____ to begin _____ (month, day)

Date _____ Signature _____

Conference Position _____

SHARING YOUR STORY:

THIS GRANT IS MADE POSSIBLE THROUGH THE MISSION AND SERVICE FUND. PLEASE BE PREPARED TO PROVIDE A STORY, 200 WORDS IN LENGTH, WITHIN THE NEXT 6 MONTHS REGARDING YOUR MINISTRY AND MISSION, WITH PHOTOS ELECTRONICALLY SUBMITTED. THESE STORIES AND PHOTOS MAY BE USED IN A NUMBER OF UNITED CHURCH PUBLICATIONS INCLUDING THE UNITED CHURCH WEBSITE. PLEASE BE SURE TO GET WRITTEN PERMISSION FROM ANYONE IN THE PHOTOS FOR THEIR USE. YOU WILL BE NOTIFIED BEFORE WE USE THE PHOTOS AND YOU WILL BE ASKED TO SIGN A RELEASE FORM.