

Application for United Church Mission Outreach Ministry and Social Issues Projects

The Mission Unit is (check one): Outreach Ministry Campus Ministry Chaplaincy

- Read the instructions below.
- Answer all sections.

Year for which grant is sought 2011

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 ministry, please indicate NA and state the reason why. Failing to provide all the information requested may delay or deny your application.

Please forward 2 copies (1 original, plus a copy) of the completed application to the Toronto Conference office at the address listed below. Once recommendations have been made by your local presbytery, those approved applications will be sent to the Toronto Conference Mission Support Consultation for their review. The decision of the Conference Executive Committee will be sent to you as soon as possible after the November 2010 meeting.

Submitting the Application

Please return the completed application and all the required supporting documents to the address below by **NOON on FRIDAY, AUGUST 27, 2010.**

Toronto Conference

65 Mayall Avenue,

Toronto, ON M3L 1E7

Attention: Rose Cambourne

Telephone: 416-241-2677 or 1-800-446-4729, ext. 229

Email: rcambour@united-church.ca

Contact Person

Please give the name, phone number, and 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: _____

Identification

1. Name of outreach ministry or social issues project:	Name		
2. Address:	Number and street		City/town
	Province	Postal code	Phone
3. Charitable status:	Charitable Organization No.	CRA registration current <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Name and address of director, chaplain, coordinator:	Name of director, chaplain, coordinator		
	Number and street		City/town
	Province	Postal code	Phone
5. Cheque made payable to:	Name		
	Number and street		City/town
	Province	Postal code	Phone

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? Yes No

If yes, when? From what sources (e.g., local congregation, UCW, etc.)?

9. Number of people 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

Please submit

- a. a copy of the most recent fiscal year’s audited/reviewed financial statement and the approved budget for the same period. (These will probably be from your most recent annual report.) Describe your fiscal year if different from the calendar year.
- b. 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. 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

*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 CECM (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 percent funding from United Church sources are required to adhere to 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 _____ (mth/day)

Presbytery/district of _____

Signature of Secretary of Presbytery/District: _____

Date of presbytery/district meeting _____

To be answered by Secretary of Presbytery/District: 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 **Conference Mission Support Grants Policies and Procedures.**

Grant \$ _____ for the year _____ to begin _____ (mth/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 six months about 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 asked to sign a release form.