

2007 DIOCESAN HANDBOOK

SECTION FIVE

FORMS



All Vermont telephone and Fax numbers are given without the 802 prefix.

DIOCESAN OFFICE
5 Rock Point Road
Burlington, VT 05408-2735
Telephone: 863-3431 Fax: 860-1562
Toll-free in Vermont: (800) 286-3437
Website: www.dioceseofvermont.org

Office Hours: Monday – Friday, 8:30 a.m. – 4:30 p.m.

The Diocesan Handbook is continuously updated and available online at our webpage www.dioceseofvermont.org. A current copy of all or part of the Handbook is available for the cost of copying and postage, upon request from the Diocesan Office.

Edition 14 April 2007

**SECTION 5
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BISHOP BOOTH CONFERENCE CENTER RESERVATION FORM

We at Bishop Booth Conference Center want your event to be successful, and we are committed to doing everything possible to meet that goal. By carefully completing this form, we can begin the process towards a well-planned and meaningful event.

Date/Time of Arrival: _____ Date /Time of Departure: _____

Number of Attendees : _____

Number of Expected Overnight Guests: _____

Room Request: _____

Name of Group: _____

Name of Contact Person: _____

Mailing Address:

Phone (Day): _____ (Evening): _____

E-Mail: _____

Best time to contact you: _____

What meals will be required? _____

Are you a Church Group _____ Nonprofit/Public _____ Wedding _____

Note: If you are a nonprofit, BBCC may request a copy of your 501I (3) standing letter for our files. Thank you

What are your Meeting Space needs? Room Set Up :

Special Equipment: TV/VCR _____ Overhead Projector _____ Screen _____
Slide Projector _____ Podium _____ Easels (s) _____ Whiteboard _____

Other important information for BBCC to consider: (i.e. food allergies, other special needs, etc.)

Please return this form signed and dated with an initial non-refundable deposit of \$200.00 . A BBCC staff member will contact you to discuss your event and plans. Thank you for considering the Bishop Booth Conference Center. We look forward to hosting your event.

Authorized signature _____

Date _____

Phone: 802-658-6233 Fax: 802-658-8836
Email: bishopbooth@dioceseofvermont.org
20 Rock Point Circle, Burlington, VT 05408

FORMS FOR BEQUEST

The following two general forms have been reviewed for legal adequacy and are recommended for use in considering gifts from estates for Institution and functions of the Diocese. The examples of beneficiary titles are for purpose of description only. Care must be exercised to use the correct designation in order to avoid probate or other legal complications.

**TO FORM A PERMANENT TRUST
UNDER THE MANAGEMENT OF THE TRUSTEES OF THE DIOCESE**

I, _____, of _____, county of _____,
and State of Vermont, give and bequeath unto the Trustees of the Diocese of Vermont, a
Corporation existing under the laws of the State of Vermont, the sum of _____
to be held un trust only, and upon the following conditions:

FIRST: The Fund hereby constituted shall be known as the _____
for the benefit of _____

SECOND: The said Fund shall be invested by said Trustees to the best of their
judgment, and the net income shall be paid not less than annually, to be used
_____.

(Further conditions may be added to suit each case, etc.)

**TO BEQUEATH AN OUTRIGHT GIFT
AVAILABLE FOR IMMEDIATE DISBURSEMENT**

I, _____, give and bequeath to _____
the sum of _____ dollars to be used by it for its general corporate purpose.

(e.g., The Rock Point School, a corporation of the laws of the State of Vermont; OR Brookhaven Home for Boys, Inc., a corporation existing under the laws of the State of Vermont; OR etc.)

or _____ is a widow or widower.

1 of 4

Please circle "Yes" or "No" to every statement. Where "No" is indicated, an explanation must be attached.

- | | | |
|-----|----|---|
| Yes | No | 1. I met in person with both persons and they are engaged in preparation with me, or they have met in person with a priest of this Church satisfactory to me and I have received assurance from him or her that they have completed a program of preparation. |
| Yes | No | 2. Each person has signed the appropriate Declaration of Intention. |
| Yes | No | 3. At least one of the persons is baptized and involved in the life of the church. |
| Yes | No | 4. I inquired of the persons whether they have consulted any other priest of this Church regarding the proposed Marriage or Civil Union, and if they have, I have personally communicated with that priest prior to submitting this petition. |
| Yes | No | 5. I personally examined the final decree(s) of divorce, annulment, or dissolution and I certify that on the basis of my examination, the prior Marriage(s) or Civil Union(s) is/are lawfully dissolved. |
| Yes | No | 6. I believe these persons intend to establish a Christian Marriage or Civil Union. |
| Yes | No | 7. In the preparation sessions, the couple discussed their readiness for this Marriage or Civil Union |
| Yes | No | 8. I believe that each person has realistically faced and evaluated the reasons for the dissolution of prior Marriage(s) or Civil Union(s). |
| Yes | No | 9. I believe that each person has an adequate continuing concern for any prior spouse(s) or partner(s) and for any children of their prior Marriage(s) or Civil Union(s). |
| Yes | No | 10. I believe that the couple (or at least one person with the support of the other) intends to live out their Marriage or Civil Union within a congregation of a Christian Church. |

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print date: 5/1/2008

Yes No 11. As far as I can determine, all matters of property and custody settlements resulting from dissolution of prior Marriage(s) or Civil Union(s) have been settled.

Yes No 12. This request for consent complies with the requirement for thirty days notice prior to the Marriage or Civil Union.

Yes No 13. I am willing to officiate at this Marriage or Civil Union.

If one or both persons have been divorced, had a Marriage annulled, or had a Civil Union dissolved more than once, I have:

Yes No Attached a letter explaining the matter and describing the process of preparation for this Marriage or Civil Union.

Yes No Attached a letter from a licensed therapist or have arranged for such a letter to be mailed directly to the Bishop.

Proposed date of this Marriage or Civil Union: _____

Proposed location: _____

Signature clergy person submitting this petition

FOR HOLY MATRIMONY

Office File # _____

**Diocese of Vermont
Diocesan Office, 5 Rock Point Road
Burlington, Vermont 05408**

**BISHOP'S CONSENT TO BE MARRIED BY A MINISTER OF
THE EPISCOPAL CHURCH**

Acting under the provisions of Title I, Canons 18 and 19, and to fulfill the requirements of Canon 19, Sec. 3. (c)., I hereby grant consent to the marriage of:

Name: _____

Address: _____

whose prior marriage was dissolved by a civil court, the final decree(s)

having been entered on _____;
[Month(s)/Year(s)]

and

Name: _____

Address: _____

whose prior marriage was dissolved by a civil court, the final decree(s)

having been entered on _____;
[Month(s)/Year(s), if applicable]

This signed Consent Certificate shall constitute permission for
The Reverend _____ to officiate at the
marriage of the above-named persons on _____.
Proposed Date

Date: _____
Authority

Bishop/Ecclesiastical

*Following the marriage, please complete and return the enclosed
notification form (Minister's Marriage Report) to the Bishop's Office.*

FOR HOLY UNION

Office File # _____

**Diocese of Vermont
Diocesan Office, 5 Rock Point Road
Burlington, Vermont 05408**

**BISHOP'S CONSENT TO A CIVIL UNION BY A MINISTER OF
THE EPISCOPAL CHURCH**

Acting under the policy of the Episcopal Diocese of Vermont, I hereby grant consent to the Civil Union of:

Name: _____

Address: _____

whose prior marriage(s) or civil union(s) was/were dissolved by a civil court, the final decree(s) having been entered on _____
_____Month(s)/Year(s)].

and

Name: _____

Address: _____

whose prior marriage(s) or civil union(s) was/were dissolved by a civil court, the final decree(s) having been entered on _____
_____ [Month(s)/Year(s), if applicable].

This signed Consent Certificate shall constitute permission for

The Reverend _____ to officiate at the Civil Union

of the above-named persons on _____ (proposed date).

Date: _____
Authority

Bishop/Ecclesiastical

Following the civil union, please complete and return the enclosed notification form (Minister's Holy Union Report) to the Bishop's Office.

Office File # _____

TO: THE BISHOP

Episcopal Diocese of Vermont
Five Rock Point Road
Burlington, VT 05408-2735

MINISTER’S HOLY MATRIMONY REPORT

I hereby certify that, having received permission under Title I, Canon 19 of the
Canons of the Episcopal Church, I solemnized the marriage of

AND

IN

_____ (Church or Other)

_____ (Place)

in the Diocese of Vermont on the _____ day of _____ in the year _____.

OFFICIATING MINISTER/PRIEST

Address

Date

(Please complete this form and return to the Bishop’s office immediately following the
liturgy.)

Office File # _____

TO: THE BISHOP

Episcopal Diocese of Vermont
Five Rock Point Road
Burlington, VT 05408-2735

MINISTER’S HOLY UNION REPORT

I hereby certify that, having received permission under the policy of the
Episcopal Diocese of Vermont, I solemnized the Civil Union of

AND

IN

(Church or Other)

(Place)

in the Diocese of Vermont on the _____ day of _____ in the year _____.

OFFICIATING MINISTER/PRIEST

Address

Date

(Please complete this form and return to the Bishop’s office immediately following the liturgy.)

In the Name of the Father, and of the Son, and of the Holy Spirit. Amen.



Declaration of Intention

We,

and

desiring to receive the blessing of Holy Matrimony in the Church, do solemnly declare that we hold marriage to be a lifelong union of husband and wife as it is set forth in the liturgical forms authorized by this Church.

We believe it is for the purpose of mutual fellowship, encouragement, and understanding, for the procreation (if it may be) of children, and their physical and spiritual nurture, and for the safeguarding and benefit of society.

And we do engage ourselves, so far as in us lies, to make our utmost effort to establish this relationship and to seek God's help thereto.

Signature of Groom

Signature of Bride (Maiden Name)

Dated _____

A.D. _____

Declaration of Intention for Holy Union

In the Name of the Father, and of the Son, and of the Holy Spirit. Amen.

We,

and

desiring to receive the blessing of Holy Union in the Church, do solemnly declare that we hold this partnership to be a lifelong union of persons as described by the Episcopal Church gathered in General Convention.

We believe that the union of two partners is intended by God for their mutual joy, for the encouragement and support given one another in daily life and changing circumstances, for the deepening of faith as they experience God's love in their love for one another, and (if it may be) the physical and spiritual nurture of children. Such relationships are nurtured and characterized by fidelity, monogamy, mutual affection and respect, careful, honest communication, and the holy love which enables those in such relationships to see in each other the image of God.

And we do engage ourselves, so far as in us lies, to make our utmost effort to establish this relationship and to seek God's help hereto.

Signature

Signature

Dated

A.D.

**J. WARREN AND LOIS MCCLURE DISCIPLESHIP ENDOWMENT
DISCOVERY 2000**

**APPLICATION
INITIATIVE I**

Bishop Butterfield Loan Funds

Return completed applications to the Diocesan Financial Administrator, 5 Rock Point Road, Burlington, VT 05408, for review and transmittal to the Diocesan Loan Review Committee and Executive Committee who will make a recommendation to the Diocesan Council.

Date: _____

Name of Parish/Mission/Regional Ministry: _____

Location: _____

Amount of Loan Requested: \$ _____

1. Purpose of Loan and Your Proposed Plan for Repayment:

(Use additional sheet if necessary)

2. Pledges for this Project: (Complete if special pledges are obtained)

- | | |
|----------------------------------|----------|
| (a) Payable in 1 year | \$ _____ |
| (b) Payable in 2 years | \$ _____ |
| (c) Payable in 3 years | \$ _____ |
| (d) Total Pledged | \$ _____ |
| (e) Less: Shrinkage and expenses | \$ _____ |
| (f) Total for Project | \$ _____ |

3. Financing Proposed to Pay for Project:

- | | |
|------------------------------------|----------|
| (a) Total Cost of Project | \$ _____ |
| (b) Cash on Hand for this Project: | \$ _____ |
| (c) Project Pledges (see 2f.) | \$ _____ |
| (d) Proposed Other Borrowing: | \$ _____ |
| (e) Terms of (3d): | |

- _____
- | | |
|---|----------|
| (f) Balance requested as a Butterfield Loan | \$ _____ |
| (g) Total Financing for Project | \$ _____ |

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APPLICATION
INITIATIVE I
Bishop Butterfield Loan Funds

Date: _____

Name of Parish/Mission/Regional Ministry: _____

Location: _____

Amount of Loan Requested:\$ _____

Loans in excess of 25% of a congregation's annual operating budget require the approval of a parish meeting. Loans less than 25% of a congregation's annual operating budget require Vestry approval. A Vestry may determine that in the best interests of the congregation even this level of borrowing should be brought to the congregation for a vote.

Emergency loans not to exceed \$2,500 may be approved by the Bishop. Emergency loans not to exceed \$10,000 may be approved by the Executive Committee without prior consultation with the Diocesan Council.

4. Additional Information needed:
- (a) Copy of Minutes of Vestry/Executive Committee/IPC or Parish Meeting approving borrowing (See Schedule A)
 - (b) Copy of current year's Budget and Current Financial Report
 - (c) Copy of previous two years' Annual Financial Report
 - (d) Current Statement of Assets and Liabilities (Schedule B)
 - (f) A current parish audit and parochial report must be on file at the diocesan office, or accompany this application.
 - (g) An architect/engineer's report or a minimum of two bids must be provided for any request over \$25,000.

Signed: Rector/Missioner: _____

Warden/Authorized Person: _____

Clerk: _____

Treasurer: _____

Approved: Diocesan Loan Review Committee: _____ Date: _____

Chairperson

Diocesan Council: _____ Date: _____

Chairperson

**APPLICATION
INITIATIVE I
Bishop Butterfield Loan Funds**

Schedule A

Copy of Minutes

At a regular called meeting of the Parish/Vestry/Executive Committee/IPC of

held on _____, with a quorum being present
throughout the meeting, the following vote was unanimously passed:

Clerk

Note: Vote should include authority to sign contract and permission to borrow up to a certain amount.

**APPLICATION
INITIATIVE I
Bishop Butterfield Loan Funds**

Schedule B

Dated: _____
(no older than one month)

ASSETS

Cash	\$ _____
Real Estate Property (Current Estimated Value)	
Land	\$ _____
Church	\$ _____
Parish House	\$ _____
Rectory	\$ _____
Contents	\$ _____
Endowment & Trust Funds	
Restricted	\$ _____
Unrestricted	\$ _____
Other Assets:	
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Assets	\$ _____

LIABILITIES

Mortgages:	
Church	\$ _____
Parish House	\$ _____
Rectory	\$ _____
Accounts Payable	\$ _____
Notes Payable	\$ _____
Other Liabilities:	
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Liabilities	\$ _____

Congregational Support & Resource Committee (CS&R)

The Talent and Resource Network

(Initiative II)

Purpose:

Talent and Resource Network Funds are available to help defray the costs of travel, supplies, materials, coordination and training, as well as other costs related to enabling experienced clergy and lay leaders (from both within and outside our Diocese) to share their time, energy, and talents.

Guidelines:

- The Grant Application Form must be filled out in full. If necessary, the chair (or an assigned member of the committee) will solicit further information before the CS & R takes up the request. Incomplete forms, therefore, may slow the committee's consideration of the application or delay its allocation of funds.
- If the grant request is for \$5,000.00 or more, the contact person listed on the application will be asked to meet with the committee when the grant request is being considered. The committee chair will make arrangements with the contact person listed on the application concerning attendance at a CS & R meeting.
- Application deadlines are January 15, April 15, August 15, and October 15. Within a month of these deadlines, the CS & R will meet to evaluate applications received by the deadlines and allocate available funds. Except in emergency situations, late applications will be reviewed only after timely applications have been reviewed and at the Committee's discretion.
- Funds received under this grant request are not transferable and may be used only for the purposes stated in the grant application; unused funds are to be returned to the Diocese. Funds must be used within one year after they have been received. A Grant Accounting Form (attached) must be returned to the CS & R within one calendar year of the completion of the project for which the grant was made and will remain on file with the committee.
- Parochial reports, assessments, and completed Grant Accounting Forms must be current in order to apply for these funds.

CAUTION: If completion of the project depends on the success of the grant application, please exercise caution in undertaking a project before receiving approval from CS & R. Due to the growing number of applications and the increased size of requests, the committee may not be able to meet fully all the requests it receives. Thus, we cannot guarantee that we will be able to support your application, even if you have already expended funds. Our commitment to fairness in the allotment of funds demands that we treat all applicants equally based on the merits of the application.

Please provide the following information. If using printed form, add additional pages as needed.

Applications and all supporting materials should be sent to:

Congregational Support & Resources Committee
Episcopal Diocese of Vermont
5 Rock Point Road
Burlington, VT 05408
Phone: 800-286-3437 (in VT) or 802-863-3431
Fax: 802-860-1562 E-mail: adminasst@dioceseofvermont.org

GRANT APPLICATION

1. Name of Congregation/Regional Ministry/Diocesan Organization:

Mailing Address: _____

Phone Number: _____

Email Address: _____

2. Purpose of Grant (briefly stated, a fuller description will be given below):

3. Is this a new grant _____ or part of an on-going project _____? If the request is for the continuation (or expansion) of an on-going project, please provide an account of progress made to date.

4. Total Cost of Project: _____

Amount funded by congregation/regional ministry: _____

Amount requested from other sources: _____

Amount requested from CS & R: _____

If the CS & R cannot meet the request, how will you deal with the short fall?

5. Contact person for the project: _____

Mailing Address: _____

Telephone number: _____

Email Address: _____

6. Date Approved by Vestry/IPC: _____

7. Name of Senior Warden/Authorized Person _____

Signature: _____

8. USE OF GRANT:

Please provide a full description of the project

Please indicate how the project will benefit the parish/regional ministry.

9. IMPLEMENTATION OF THE PROJECT:

If the project involves building additions or modifications, please provide drawings or photographs, when available.

Please provide copies of bids received for the project. If bids were not sought, please indicate why. (CS &R strongly advises the solicitation of competitive bids and careful assessment of them.)

10. PERIOD OF TIME:

How long will the project take to complete?

11. CONSULTATION

Is the parish/regional minstry working with a member of the ministry development team?

If so, who? _____

How does this request relate to the goals developed with the team member?

12. ADMINISTRATION:

If different from the contact person, who will be responsible for overseeing the project?

Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

13. ACCOUNTING:

If different from the contact person, who will evaluate and report on the progress of the project?

Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

14. OTHER COMMENTS

If there is there any other information you think the committee needs to have in their assessment of your application, please provide it on the back of this form or on an additional sheet.

J. Warren and Lois McClure Discipleship Endowment Discovery 2000
GRANT ACCOUNTING
Initiative II
Talent & Resource Network

Name of Congregation/Regional Ministry and Location:

Mailing Address and Telephone: _____

Type of Report: _____ Interim Progress (from _____ to _____)

_____ Completion of Grant (date: _____)

Grant amount \$ _____ Grant description _____

Using the form on the back of this page, please tell us how the congregation/regional ministry has used the grant it has received. Please attach all requested documents, and send within thirty (30) days to the Diocesan Office. If you have any questions about the accounting report, please contact:

Congregational Support and Resources Committee
Episcopal Diocese of Vermont
5 Rock Point Road
Burlington, VT 05408
Phone: 800-286-3437 (in VT) or 802-863-3431
Fax: 802-860-1562
E-mail: adminasst@dioceseofvermont.org

I certify that the grant our congregation/regional ministry received from McClure/Discovery 2000 Initiative II has been spent for the purpose for which it was granted.

Signature: _____

Name (print or type): _____

Position in Congregation/Regional Ministry: _____

Date Sent: _____

Date Received by Diocese: _____

Initiative II Grant Accounting

Please report on the following areas. Refer to your grant application and the form approving the grant.

ATTACH FINANCIAL STATEMENT.

USE OF GRANT:

Tell us what has happened.

PERIOD OF TIME:

Tell us about the time it has taken.

ADMINISTRATION:

Tell us who has done what. Attach a **financial statement**, including: a report of income (the grant) and expenses (listing how much, when, to whom, and for what each payment was made) and any remaining balance; and an inventory of any equipment purchased.

BENEFIT TO CONGREGATION/ REGIONAL MINISTRY:

Tell us who benefited and how. Attach an evaluation report, including:

- Did you do what you planned to do?
- What succeeded and/or failed?
- What did you learn?
- Has this experience given you any new ideas for ministry?

If you need more room, attach additional page(s), and then the financial statement and evaluation report. Please number the pages in order, and put the name and location of your congregation/regional ministry at the top of each page.

Congregational Support & Resources Committee (CS &R)

Congregational Renewal & Emergency Assistance Fund (Initiative III)

Purpose:

Congregational Renewal & Emergency Assistance Funds are available to address vital issues facing congregations/regional ministries or their communities - something as simple as building a convenient restroom for Sunday School children or establishing a community-based daycare center. Funds will also be available to assist churches facing an emergency situation.

Guidelines:

- ◆ The Grant Application Form must be filled out in full. If necessary, the chair (or an assigned member of the committee) will solicit further information before the CS & R takes up the request. Incomplete forms, therefore, may slow the committee's consideration of the application or delay its allocation of funds.

- ◆ If the grant request is for \$5,000.00 or more, a member of the Vestry or other representative from the parish/regional ministry will be asked to meet with the committee when the grant request is being considered. The committee chair will make arrangements with the contact person listed on the application concerning attendance at a CS & R meeting.

- ◆ Application deadlines are January 15, April 15, August 15, and October 15. Within a month of these deadlines, the CS & R will meet to evaluate applications received by the deadlines and allocate available funds.

- ◆ Funds received under this grant request are not transferable and may be used only for the purposes stated in the grant application; unused funds are to be returned to the Diocese. Funds must be used within one year after they have been received. A Grant Accounting Form (attached) must be returned to the CS & R within one calendar year of the completion of the project for which the grant was made and will remain on file with the committee.

- ◆ Parochial reports, assessments, and completed Grant Account Forms must be current in order to apply for these funds.

CAUTION: If completion of the project depends on the success of the grant application, please exercise caution in undertaking a project before receiving approval from CS & R. Due to the growing number of applications and the increased size of requests, the committee may not be able to meet fully all the requests it receives. Thus, we cannot guarantee that we will be able to support your application, even if you have already expended funds. Our commitment to fairness in the allotment of funds demands that we treat all applicants equally based on the merits of the application.

Please provide the following information. If using printed form, add additional pages as needed.

Applications and all supporting materials should be sent to:

Congregational Support and Resources Committee
Episcopal Diocese of Vermont
5 Rock Point Road
Burlington, VT 05408
Phone: 800-286-3437 (in VT) or 802-863-3431
Fax: 802-860-1562 E-mail: adminasst@dioceseofvermont.org

GRANT APPLICATION

1. Name of Congregation/Regional Ministry/Diocesan Organization:

Mailing Address: _____

Phone Number: _____

Email Address: _____

2. Purpose of Grant (briefly stated, a fuller description will be given below):

3. Is this a new grant _____ or part of an on-going project _____? If the request is for the continuation (or expansion) of an on-going project, please provide an account of progress made to date.

4. Total Cost of Project: _____

Amount funded by congregation/regional ministry: _____

Amount requested from other sources: _____

Amount requested from CS & R: _____

If the CS & R cannot meet the request, how will you deal with the short fall?

5. Contact person for the project: _____

Mailing Address: _____

Telephone number: _____

Email Address: _____

6. Date Approved by Vestry/IPC: _____

7. Name of Senior Warden/Authorized Person _____

Signature: _____

8. USE OF GRANT:

Please provide a full description of the project

Please indicate how the project will benefit the parish/regional ministry.

9. IMPLEMENTATION OF THE PROJECT:

If the project involves building additions or modifications, please provide drawings or photographs, when available.

Please provide copies of bids received for the project. If bids were not sought, please indicate why.

(CS &R strongly advises the solicitation of competitive bids and careful assessment of them.)

10. PERIOD OF TIME:

How long will the project take to complete?

11. CONSULTATION

Is the parish/regional ministry working with a member of the ministry development team?

If so, who? _____

How does this request relate to the goals developed with the team member?

12. ADMINISTRATION:

If different from the contact person, who will be responsible for overseeing the project?

Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

13. ACCOUNTING:

If different from the contact person, who will evaluate and report on the progress of the project?

Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

14. OTHER COMMENTS

If there is there any other information you think the committee needs to have in their assessment of your application, please provide it on the back of this form or on an additional sheet.

J. Warren and Lois McClure Discipleship Endowment Discovery 2000
GRANT ACCOUNTING
Initiative III:
Congregational Renewal & Emergency Assistance Fund

Name of Congregation/Regional Ministry and Location: _____

Mailing Address and Telephone: _____

Type of Report: _____ Interim Progress (from _____ to _____)
_____ Completion of Grant (date: _____)

Grant amount \$_____ Grant description _____

Using the form on the back of this page, please tell us how the congregation/regional ministry has used the grant it has received. Please attach all requested documents, and send within thirty (30) days to the Diocesan Office. If you have any questions about the accounting report, please contact:

Congregational Support and Resource Committee
Episcopal Diocese of Vermont
5 Rock Point Road
Burlington, VT 05408
Phone: 800-286-3437 (in VT) or 802-863-3431 Fax: 802-860-1562
E-mail: adminasst@dioceseofvermont.org

I certify that the grant our congregation/regional ministry received from McClure/Discovery 2000 Initiative III has been spent for the purpose for which it was granted.

Signature: _____

Name (print or type): _____

Position in Congregation/Regional Ministry: _____

Date Sent: _____

Date Received by Diocese: _____

Initiative III Grant Accounting

Please report on the following areas. Refer to your grant application and the form approving the grant.

ATTACH FINANCIAL STATEMENT.

USE OF GRANT:

Tell us what has happened.

PERIOD OF TIME:

Tell us about the time it has taken.

ADMINISTRATION:

Tell us who has done what. Attach a **financial statement**, including: a report of income (the grant) and expenses (listing how much, when, to whom, and for what each payment was made) and any remaining balance; and an inventory of any equipment purchased.

BENEFIT TO CONGREGATION/ REGIONAL MINISTRY:

Tell us who benefited and how. Attach an evaluation report, including:

- Did you do what you planned to do?
- What succeeded and/or failed?
- What did you learn?
- Has this experience given you any new ideas for ministry?

If you need more room, attach additional page(s), and then the financial statement and evaluation report. Please number the pages in order, and put the name and location of your congregation/regional ministry at the top of each page.

J. Warren and Lois McClure Discipleship Endowment Discovery 2000

Initiative IV

Diocesan Outreach Fund for Congregations

The first priority for grants is seed money for start up funding. But additional year funding will be considered if funds permit. The guidelines are as follows:

*Requests must come from the vestry or vestries where more are involved.

*Grants must be matched dollar for dollar by applying congregations.

*Grants may not exceed \$2000

*In addition to a financial match, congregations must demonstrate parishioner involvement such as board membership, volunteers or other forms of hands on support.

These funds have been used for a wide variety of parish outreach projects. (examples" Habitat for Humanity, homeless shelters, summer camps for the children of imprisoned parents, summer camps for Palestinians and Israeli youth, forums of political issues, youth work camps in the Caribbean, disaster relief following Tsunami and projects within the guidelines of the Millennium Development Fund.)

NAME OF THE PROJECT _____

AMOUNT REQUESTED _____

Names and addresses of Parish (or parishes)

Name of contact person for this grant

Name _____

phone number (day and evening) _____

e-mail of contact person _____

best time to be reached _____

Signature of Senior Warden /authorized person _____

Date approval by Vestry/Executive Committee _____

The completed application should be mailed to:

The Rev. Stewart Pierson
232 High Rock Road
Hinesburg, Vermont 05461
802-482-5877
stewjulie@juno.com

1) USE OF THE GRANT What will be done? Why will it be done?

2) PARISH INVOLVEMENT How many members are involved and in what capacity with any aspect of this program? Please be specific.
Documentation confirming parish's dollar match?

3) PERIOD OF TIME Is this a one time need or part of a longer period of time?

4) EVALUATION (If your request is approved, you will be mailed an evaluation form with the check. Here are the questions we will pose and will include addressed envelope:

- a) Were the funds used for the purpose for which they were granted?
- b) Tell how many were served (in the total program)?
- c) What has been the effect of Diocesan money added to parish money on this program?
- d) Did anyone from the program report to your membership in any way?
- e) Among volunteers/staff or clients, is there anyone who might visit other diocesan organizations to "tell the story?"

Congregational Support & Resource Committee (CS & R)
GRANT APPLICATION
The Irish Fund

Purpose:

The Irish Fund, established under the terms of the Walter P. Irish Revocable Trust is designed "to provide assistance to Episcopal Churches located in small Vermont towns to assist such churches with any difficulties they may be having."

Guidelines:

- For the purposes of this Fund, the Diocese has determined that "small Vermont towns" shall be taken to mean communities with a population of fewer than 10,000 persons. This eliminates, as of July 2004, the following towns: Bennington, Brattleboro, Burlington Colchester, Essex, Hartford (White River Junction), Milton, Rutland, and South Burlington.
- The Grant Application Form should be filled out in full. If necessary, the chair (or an assigned member of the committee) will solicit further information before the CS & R takes up the request. Incomplete forms, therefore, may slow the committee's consideration of the application or delay its allocation of funds.
- If the grant request is for \$5,000.00 or more, a member of the Vestry or other representative from the parish/regional ministry will be asked to meet with the committee when the grant request is being considered. The committee chair will make arrangements with the contact person listed on the application concerning attendance at a CS & R meeting.
- Application deadlines are January 15, April 15, August 15, and October 15. Within a month of these deadlines, the CS & R will meet to evaluate applications received by the deadlines and allocate available funds. Except in emergency situations, late applications will be reviewed only after timely applications have been reviewed and at the Committee's discretion.
- Funds received under this grant request are not transferable and may be used only for the purposes stated in the grant application; unused funds are to be returned to the Diocese. Funds must be used within one year after they have been received. A Grant Accounting Form (attached) must be returned to the CS & R within one calendar year of the completion of the project for which the grant was made and will remain on file with the committee.
- Parochial reports, assessments, and completed Grant Account Forms must be current in order to apply for these funds.

CAUTION: If completion of the project depends on the success of the grant application, please exercise caution in undertaking a project before receiving approval from CS & R. Due to the growing number of applications and the increased size of requests, the committee may not be able to meet fully all the requests it receives. Thus, we cannot guarantee that we will be able to support your application, even if you have already expended funds. Our commitment to fairness in the allotment of funds demands that we treat all applicants equally based on the merits of the application.

Please provide the following information. If using printed form, add additional pages as needed.

Applications and all supporting materials should be sent to:

Congregational Support and Resources Committee
Episcopal Diocese of Vermont
5 Rock Point Road
Burlington, VT 05408
Phone: 800-286-3437 (in VT) or 802-863-3431
Fax: 802-860-1562 E-mail: adminasst@dioceseofvermont.org

GRANT APPLICATION

1. Name of Congregation/Regional Ministry/Diocesan Organization:

Mailing Address: _____

Phone Number: _____

Email Address: _____

2. Purpose of Grant (briefly stated, a fuller description will be given below):

3. Is this a new grant _____ or part of an on-going project _____? If the request is for the continuation (or expansion) of an on-going project, please provide an account of progress made to date.

4. Total Cost of Project: _____

Amount funded by congregation/regional ministry: _____

Amount requested from other sources: _____

Amount requested from CS & R: _____

If the CS & R cannot meet the request, how will you deal with the short fall?

5. Contact person for the project: _____

Mailing Address: _____

Telephone number: _____

Email Address: _____

6. Date Approved by Vestry/IPC: _____

7. Name of Senior Warden/Authorized Person _____

Signature: _____

8. USE OF GRANT:

Please provide a full description of the project.

Please indicate how the project will benefit the parish/regional ministry.

9. IMPLEMENTATION OF THE PROJECT:

If the project involves building additions or modifications, please provide drawings or photographs, when available.

Please provide copies of bids received for the project. If bids were not sought, please indicate why. (CS &R strongly advises the solicitation of competitive bids and careful assessment of them.)

10. PERIOD OF TIME:

How long will the project take to complete?

11. CONSULTATION

Is the parish/regional ministry working with a member of the ministry development team?

If so, who? _____

How does this request relate to the goals developed with the team member?

12. ADMINISTRATION:

If different from the contact person, who will be responsible for overseeing the project?

Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

13. ACCOUNTING:

If different from the contact person, who will evaluate and report on the progress of the project?

Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

14. OTHER COMMENTS

If there is there any other information you think the committee needs to have in their assessment of your application, please provide it on the back of this form or on an additional sheet.

WALTER P. IRISH FUNDS
GRANT ACCOUNTING

Name of Congregation/Regional Ministry and Location: _____

Mailing Address and Telephone: _____

Type of Report: _____ Interim Progress (from _____ to _____)

_____ Completion of Grant (date: _____)
month/day/year

Grant amount _____ Description of Grant _____

Using the form on the back of this page, please tell us how the congregation/regional ministry has used the grant it has received. Please attach all requested documents, and send within thirty (30) days to the Diocesan Office. If you have any questions about the accounting report, please contact:

Congregational Support and Resources Committee
Episcopal Diocese of Vermont
5 Rock Point Road
Burlington, VT 05408
Phone: 800-286-3437 (in VT) or
802-863-3431. Fax: 802-860-1562
E-mail: adminasst@dioceseofvermont.org

I certify that the grant our congregation/regional ministry received from the Walter P. Irish Fund has been spent for the purpose for which it was granted.

Signature: _____

Name (print or type): _____

Position in Congregation/Regional Ministry: _____

Date Sent: _____

Date Received by Diocese: _____

Walter P. Irish Funds
Grant Accounting

Please report on the following areas. Refer to your grant application and the form approving the grant. **ATTACH FINANCIAL STATEMENT.**

USE OF GRANT:

Tell us what has happened.

PERIOD OF TIME:

Tell us about the time it has taken.

ADMINISTRATION:

Tell us who has done what. **Attach a financial statement**, including: a report of income (the grant) and expenses (listing how much, when, to whom, and for what each payment was made) and any remaining balance; and an inventory of any equipment purchased.

BENEFIT TO CONGREGATION/ REGIONAL MINISTRY:

Tell us who benefited and how. Attach an evaluation report, including:

- Did you do what you planned to do?
- What succeeded and/or failed?
- What did you learn?
- Has this experience given you any new ideas for ministry?

If you need more room, attach additional page(s). Please number the pages in order, and put the name and location of your congregation/regional ministry at the top of each page.

Episcopal Diocese of Vermont
REQUEST FOR PAYMENT

Please send a check in the amount of: \$ _____

Made payable to: _____

To cover the following expense(s) (see attached invoice):

Under the following program or budget item: _____

Send the check to: _____

(Optional) The check needs to be received on or before: _____

Requested by _____ Date: ____ / ____ / ____

My daytime telephone number is: _____

Please submit all supporting documentation (bills, receipts, invoices) with this form through your Program Committee or Subcommittee Chair.

The Trustees of the Diocese of Vermont
Five Rock Point Road, Burlington, Vermont 05408-2735

RACHEL A. WISELL AUTOMOBILE LOAN FUND

Application for Loan

Description of Vehicle: _____

Purchase Price of Vehicle \$ _____

Less: Amounts provided by trade-in, other financing and/or cash

Total Wisell Loan needed to complete purchase _____
(Maximum Loan available is \$10,000.00) _____

Number of Months for Repayment _____
(Can not exceed 48 months,
Unless otherwise specifically authorized by the Trustees) _____

Date when funds need _____
(Please allow at least 7 days after receipt at Diocesan Office)

Vestry Authorization

This certifies that at a meeting of the Vestry of _____

Episcopal Church, _____, Vermont, held on _____
and with a quorum present, the following action was approved:

The Vestry approved and authorized the borrowing of \$ _____ from the Trustees of the Diocese of Vermont for the purpose of assisting the Rev. _____ to purchase a vehicle necessary to their work in the Church. The borrowing for this purpose by the Vestry shall conform to the policies and terms of the Rachel Wisell Fund as adopted by the Trustees of the Diocese and found on the reverse of this application.

The Vestry designates _____ as its authorized representative to sign the note for this loan.

Clergy Signature Date Date Clerk of the Vestry

Bishop's Approval

Date: _____ Bishop of Vermont: _____



Post-Conference Report to the Diocese

Through various budget lines, the Diocese provides funding for individuals to attend events that are educational, informative and present opportunities to create on-going contact with colleagues throughout the church.

Diocesan Council requires that individuals who attend events supported by diocesan funds help to expand the use of these funds by bringing back to our diocese the knowledge and experience gained.

Submitted By:	Date:
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Name of Event:

Event Location:	Date(s):
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Total Attendees (est.):	Vermont Attendees:
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Registration Fee:	Travel Costs:
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Other Expenses:	Total Cost:
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Reason(s) for attending the event:

What information presented during the event did you find especially helpful?
--

How can this information benefit your parish community and/or the Diocese?
--

Are you available to present this information to interested groups in the Diocese?
--

Would you recommend this event to others in your parish or the Diocese?

Additional Comments/Reflections:

Please return completed form to: Canon to the Ordinary, 5 Rock Point Road, Burlington, VT 05408
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