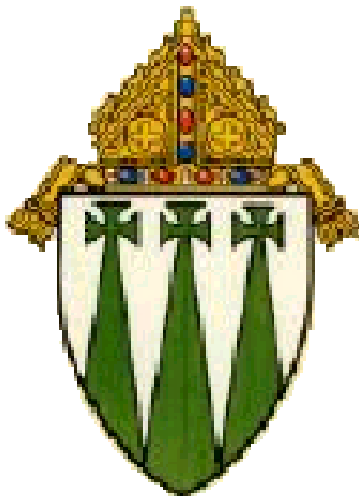


# 2009 DIOCESAN HANDBOOK

## 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](http://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](http://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 17 APRIL 2009

**SECTION 5  
TABLE OF CONTENTS**

<b>BISHOP BOOTH CONFERENCE CENTER RESERVATION FORM .....</b>	<b>3</b>
<b>FORMS FOR BEQUEST.....</b>	<b>4</b>
<b>HOLY MATRIMONY AND HOLY UNION CONSENT FORMS.....</b>	<b>4</b>
FOR HOLY UNION	8
MINISTER'S HOLY MATRIMONY REPORT	9
MINISTER'S HOLY UNION REPORT	10
DECLARATION OF INTENTION	11
<b>J. WARREN AND LOIS MCCLURE DISCIPLESHIP ENDOWMENT DISCOVERY 2000.....</b>	<b>11</b>
BISHOP BUTTERFIELD LOAN FUNDS	13
GRANT APPLICATION	13
THE TALENT AND RESOURCE NETWORK	16
GRANT APPLICATION	17
GRANT ACCOUNTING	22
CONGREGATIONAL RENEWAL & EMERGENCY ASSISTANCE FUND	24
GRANT APPLICATION	25
GRANT ACCOUNTING	29
INITIATIVE IV	31
GRANT APPLICATION	
THE IRISH FUND	33
GRANT APPLICATION	34
GRANT ACCOUNTING	38
<b>REQUEST FOR PAYMENT.....</b>	<b>41</b>
<b>POST-CONFERENCE REPORT TO THE DIOCESE.....</b>	<b>42</b>

## 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.)

## HOLY MATRIMONY AND HOLY UNION CONSENT FORMS

OFFICE FILE # \_\_\_\_\_  
DIOCESE OF VERMONT  
DIOCESAN OFFICE, 5 ROCK POINT ROAD  
BURLINGTON, VERMONT 05408

PETITION TO THE BISHOP FOR CONSENT TO OFFICIATE  
AT A MARRIAGE OR CIVIL UNION AFTER DIVORCE, ANNULMENT, OR DISSOLUTION

**Please complete and send to the Bishop's Office all three pages of this petition and the appropriate Bishop's Consent Form prior to confirming a date for the service of Holy Matrimony or Holy Union and at least 30 days before a proposed date (at least 60 days in the case of a third or subsequent marriage or civil union).**

PETITION SUBMITTED BY:

THE REV. \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ TEL: \_\_\_\_\_

TO THE BISHOP:

I HEREBY PETITION FOR CONSENT TO OFFICIATE AT THE MARRIAGE \_\_\_\_\_  
CIVIL UNION \_\_\_\_\_  
OF [ANSWER (A), AND EITHER (B) OR (C)]

(A) NAME \_\_\_\_\_

THIS WILL BE THE \_\_\_\_\_ (1<sup>ST</sup>, 2<sup>ND</sup>, ETC.) MARRIAGE OR CIVIL UNION FOR \_\_\_\_\_  
WHOSE PRIOR MARRIAGE(S) OR CIVIL UNION(S) ENDED IN DIVORCE, ANNULMENT, OR  
WAS DISSOLVED BY A CIVIL COURT ON \_\_\_\_\_ [MONTH(S) AND  
YEAR(S)].

AND

(B) NAME \_\_\_\_\_

THIS WILL BE THE \_\_\_\_\_ (1<sup>ST</sup>, 2<sup>ND</sup>, ETC.) MARRIAGE OR CIVIL UNION FOR \_\_\_\_\_  
WHOSE PRIOR MARRIAGE(S) OR CIVIL UNION(S) ENDED IN DIVORCE, ANNULMENT, OR  
WAS DISSOLVED BY A CIVIL COURT ON \_\_\_\_\_ [MONTH(S) AND  
YEAR(S)].

OR

(C) NAME \_\_\_\_\_

WHO WAS \_\_\_\_\_ NOT PREVIOUSLY MARRIED OR IN A CIVIL UNION  
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.

2 OF 4

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: \_\_\_\_\_ BISHOP/ECCLESIASTICAL AUTHORITY

FOLLOWING THE MARRIAGE, PLEASE COMPLETE AND RETURN THE ENCLOSED  
NOTIFICATION FORM (MINISTER'S MARRIAGE REPORT) TO THE BISHOP'S OFFICE.

4 OF 4

**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: \_\_\_\_\_ BISHOP/ECCLESIASTICAL AUTHORITY

FOLLOWING THE CIVIL UNION, PLEASE COMPLETE AND RETURN THE ENCLOSED NOTIFICATION FORM (MINISTER'S HOLY UNION REPORT) TO THE BISHOP'S OFFICE.

4 OF 4  
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

\$ \_\_\_\_\_

PAGE 1 OF 4  
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:  
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)  
A CURRENT PARISH AUDIT AND PAROCHIAL REPORT MUST BE ON FILE AT THE DIOCESAN OFFICE, OR ACCOMPANY THIS APPLICATION.  
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.

PAGE 3 OF 4

APPLICATION  
INITIATIVE I  
BISHOP BUTTERFIELD LOAN FUNDS

SCHEDULE B

DATED: \_\_\_\_\_  
(NO OLDER THAN ONE MONTH)

ASSETS		LIABILITIES
CASH	\$ _____	MORTGAGES:
REAL ESTATE PROPERTY		CHURCH
	\$ _____ (CURRENT ESTIMATED VALUE)	
LAND	\$ _____	PARISH HOUSE \$ _____
		RECTORY \$ _____
CHURCH	\$ _____	
PARISH HOUSE	\$ _____	ACCOUNTS PAYABLE \$ _____
		NOTES PAYABLE
RECTORY	\$ _____	
		OTHER LIABILITIES:
CONTENTS	\$ _____	
		\$ _____
RESTRICTED		ENDOWMENT & TRUST FUNDS
	\$ _____	\$ _____
UNRESTRICTED	\$ _____	\$ _____
		\$ _____
	OTHER ASSETS:	
	\$	
	\$	
	\$	
TOTAL ASSETS	\$ _____	TOTAL LIABILITIES \$ _____

**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.

PAGE 1 OF 5

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](mailto: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: \_\_\_\_\_

PAGE 3 OF 5

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  
PROCESS 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](mailto: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.

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: \_\_\_\_\_

PAGE 3 OF 5

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  
PROCESS 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.

REVISED 22 FEBRUARY 2005

PAGE 5 OF 5

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



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](mailto: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.

PAGE 2 OF 5

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: \_\_\_\_\_

PAGE 3 OF 5

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.

REVISED 22 MARCH 2007

PAGE 5 OF 5  
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



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:
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EVENT LOCATION:	DATE(S):
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TOTAL ATTENDEES (EST.):	VERMONT ATTENDEES:
REGISTRATION FEE:	TRAVEL COSTS:
OTHER EXPENSES:	TOTAL COST:

REASON(S) FOR ATTENDING THE EVENT:
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WHAT INFORMATION PRESENTED DURING THE EVENT DID YOU FIND ESPECIALLY HELPFUL?
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HOW CAN THIS INFORMATION BENEFIT YOUR PARISH COMMUNITY AND/OR THE DIOCESE?
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ARE YOU AVAILABLE TO PRESENT THIS INFORMATION TO INTERESTED GROUPS IN THE DIOCESE?
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WOULD YOU RECOMMEND THIS EVENT TO OTHERS IN YOUR PARISH OR THE DIOCESE?
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ADDITIONAL COMMENTS/REFLECTIONS:
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PLEASE RETURN COMPLETED FORM TO:  
CANON TO THE ORDINARY, 5 ROCK POINT ROAD, BURLINGTON, VT 05408