

Diocesan Enrichment Grant

APPLICATION FORM



ABOUT THE APPLICANT

All of the information on this page pertains to the eligible organization that is applying for the grant and accepting responsibility for all funds received.

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Web Address _____ Email _____

Bishop _____

Annual Diocesan Income _____

On a separate sheet, please answer the following questions:

1. Does your Diocese have a designated fund to support clergy assistance and enrichment?
2. What professional development opportunities, if any, has the Bishop, clergy, and/or diocesan staff enjoyed during the past year?
3. Fifty percent of the Diocesan Enrichment Fund dollars must be used to support clergy who serve financially-assisted congregations. Please provide a summary list of previous year recipients of Diocesan Enrichment Fund dollars along with a financial accounting of grant funds provided to each recipient.
4. Please provide detail on expenditure of the balance of previous Diocesan Enrichment Funds, if applicable.

SIGNATURE OF AUTHORIZED PERSONS

My signature certifies that the information above is accurate. My signature is made as a person who is authorized to do so on behalf of the applying organization

Name _____

Title _____ Date _____