

Grant Application

Congregation & Pastor

(type or print clearly)

Applicants may enter information directly on this form. However, applications must be printed and mailed to Christian Theological Seminary with the other required materials. They may not be emailed or faxed.

Name of congregation (please print official, legal name)

Common name of congregation (if different from legal name)

Congregation street address

Mailing address (if different from street address)

City **Indiana** State ZIP Code County

Telephone number FAX number

Email address Website URL (if any) Employer Identification Number (EIN)

Pastor's Prefix Full name of pastor

Home address

City **Indiana** State ZIP Code

Home telephone number FAX number

Email address Cell phone number

Representative Prefix Name of authorized congregational representative

Title or position in congregation

Home address

City **Indiana** State ZIP Code

Home telephone number FAX number

Email address Cell phone number

\$

Total Amount Requested

Grant Application

Signature Page

Signatures of Congregational Representative and Pastor

I am duly authorized to submit this proposal on behalf of the congregation and affirm that to the best of my knowledge the information contained in the proposal is accurate. This signature indicates that the congregation is fully aware of this proposal, approves its submission and is prepared to accept a grant from Christian Theological Seminary if selected. If a clergy renewal grant is awarded, the congregation commits to continue the salary and benefits of the pastor during the renewal program.

| | |
|--|----------------|
| _____ Authorized congregational representative* | _____ Title |
| _____ Signature | _____ Date |
| _____ Senior minister (if not the applicant) | _____ Title |
| _____ Signature | _____ Date |

* This signature must be that of the congregation's authorized lay leader (for example, clerk of session, senior warden, chair of parish council, president of the congregation) and not an employee of the congregation. Signatures of relatives of the pastor are not acceptable.

I believe that the information provided on this application is accurate. If a clergy renewal grant is awarded and the program is undertaken, I intend to serve this congregation for at least one year after the end of the renewal program. Further, I recognize that this grant is not portable and that it can be used only while I am serving in the congregation that has applied for this grant.

| | |
|--|----------------|
| _____ Pastor who will engage in the renewal program | _____ Title |
| _____ Signature | _____ Date |

Brief Summary of Other Data (Please complete each item)

Official name of denomination, if applicable. If nondenominational or independent, please indicate

Date of founding of this congregation

Number of members

_____ \$ _____
Annual operating budget total

Average number at worship

Years pastor has served this congregation

Is the pastor bi-vocational? Yes No

If yes, how many hours per week does the pastor spend in service to this church? _____ hours

Please tell us how you learned about this program:

friend/colleague news story website (cts.edu) other website email

other _____

Have you attended a fall informational meeting? Yes No

If "yes," when? _____ year

Grant Application

Proposal Narrative

Part D - For Pastors who have Participated in a Previous Clergy Renewal Program

If you have previously been supported by a grant in the Clergy Renewal Program for Indiana Congregations and it will have been at least seven years in 2018-2019 since your renewal leave ended, your congregation is eligible to apply for a grant to support another leave in the Indiana clergy renewal program. If this is such a proposal, please fill in and include this form in your proposal and answer questions 1 - 3 below on separate sheets of paper.

The clergy renewal grant to my congregation was made in _____ (month and year), and I took my renewal leave from _____ to _____ (month and year).

Are you serving the same congregation? Yes No

If not, please list the name and city of the congregation to which the first grant was made:

Name of congregation

City

In addition to the questions in Part A, B and C, we request that previous clergy renewal participants respond fully to the following three questions. Please use no more than two additional, double-spaced pages.

1. How would you characterize your first experience with your renewal leave? What were the most important things you learned during your previous renewal leave(s)?
2. In what ways would another renewal leave be different from or improve upon the previous one(s)?
3. Why is this an appropriate time in your career for you to consider another renewal leave?

Please include this sheet and your additional responses after Part C in the narrative section of your application.

Grant Application

Expenses & Budget: Pastoral Budget Expenses Worksheet

Important: Please enclose a budget narrative (in addition to this worksheet) that explains how the figures were calculated and gives a complete explanation for each item or activity. Be sure the budget specifically reflects particular activities, the number of people, and the amount of time that is covered by each budget item.

If you anticipate using funds from additional sources, beyond Clergy Renewal grant funding, please explain how those will be used in this budget narrative (do not include them in the worksheet).

Enter amounts without commas or cents

Only enter amounts you seek grant funding to cover.

Travel

Airfare \$ _____

Automobile expenses:

Personal car mileage _____

Car rental costs and gasoline _____

Other ground transportation _____

Meals and lodging _____

Tuition or fees _____

Books _____

Telephone _____

Postage _____

Equipment and supplies _____

Other (passports, inoculations, entrance fees, etc.) _____

Set-aside for post-leave activities _____

(maximum amount, \$2,500)

Estimated increase in tax liability as a result of _____

receiving grant (must include an explanation of how this amount is calculated)*

Total \$ _____

Signature of Pastor

Signature of Treasurer

* Pastors should work with the congregation's treasurer and/or personal tax adviser to determine the potential impact of this grant on the pastor's personal income tax. When determining the potential tax impact, note that the grant will be paid by Christian Theological Seminary to the congregation, not directly to the pastor. Please note that CTS and LEI will not provide advice about the tax implications of grant awards.

Grant Application

Expenses & Budget: Congregational Budget Expenses Worksheet

In the space below, please provide a line item budget that addresses how the congregation will pay for the pastoral functions during the pastor's absence. Be sure to include not only Sunday worship, but also other activities such as pastoral care, weddings, funerals, and so forth. Also address costs relating to the pastor's leave-taking and return and/or costs related to congregational renewal activities.

Important: Please enclose a budget narrative (in addition to this worksheet) that explains how the figures were calculated and gives a complete explanation for each item or activity.

Enter amounts without commas or cents

Pulpit supply and / or interim staff

Honoraria \$ _____

Travel and lodging _____

Benefits _____

Congregational events relating to pastor's
leave-taking and return _____

Congregational renewal activities
Please explain fully in Proposal Narrative,
Part A, and in budget narrative. _____

Other _____

Total \$ _____

Signature of Pastor

Signature of Treasurer

Grant Application

Applicant's Tax Status

Christian Theological Seminary is required by federal tax law to determine the exempt status and foundation status of each organization to which it makes a grant. Therefore, it is necessary that you supply the following information to establish that your congregation is exempt from the payment of federal income taxes under Internal Revenue Code ("Code") section 501(c)(3) and is a church described in Code section 170(b)(1)(A)(i). Please (1) complete and execute this form and (2) provide the requested document(s) listed under "Required Tax Status Documents" below. Please feel free to address any questions regarding this form to Christian Theological Seminary at clergyrenewal@cts.edu.

Legal name of organization

Common name of congregation (if different from legal name)

Congregation street address; then, mailing address (if different from street address)

City

State

ZIP Code

Required Tax Status Documents

- (a) If your congregation has an Internal Revenue Service letter determining that your organization is exempt from federal income taxes under Code section 501(c)(3) and a church described in Code section 170(b)(1)(A)(i), please provide a copy of the most recent letter.
- (b) Some congregations may not have asked for or received such a letter from the IRS. If that is the case in your situation, then determine whether your congregation is listed in a group exemption ruling for your denomination. If so, please attach evidence that your congregation is covered by the ruling (for example, by sending copies of the directory cover and the page on which the congregation is listed in the official directory of your denomination).
- (c) If your congregation does not have an individual exemption letter and does not fall under a denomination group ruling, please attach a letter that has been written and signed by legal counsel that verifies that your congregation is a church described in Code sections 501(c)(3) and 170 (b)(1)(A)(i).

No grants will be awarded until the proper tax status is confirmed.

Date

Signature

Title (must be responsible officer of the congregation)

Print Name