

# Grant Application

## Congregation & Pastor (type or print clearly)

For full functionality open in Adobe Acrobat



Applicants may enter information directly onto these forms from their computers. (This version includes auto-calculating addition of the budget lines on the budget forms on pp. 14 - 15.) However, the forms 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

\$ \_\_\_\_\_  
Annual operating budget total

\_\_\_\_\_  
Number of members

\_\_\_\_\_  
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

## Outline of Renewal Program

Use the following format to present a chronological outline of the proposed activities

- A. Proposed dates for the overall program: \_\_\_\_\_  
(include month and year - for example, from January 1, 2020 - March 31, 2020)
- B. Outline of events and activities (use additional pages if necessary). Please account for all time to be used as renewal; do not leave gaps in your renewal timeline. Provide details of your renewal program in your answer to Proposal Narrative Part A-3.

<b>Dates</b> Month/Day/Year	<b>Events or Activities</b>	<b>Traveling companions                      whose expenses are                      included</b>	<b>Activity Kind                      (pre-leave, leave or                      post-leave)</b>

## 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 2019-2020 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),** in the order described on p.17, 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), in the order described on p.17, 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, placing document(s) in the order described on p.17 of this packet. Please feel free to address any questions regarding this form to Christian Theological Seminary at [clergyrenewal@cts.edu](mailto: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