

**EPISCOPAL CHURCH HOME YOUTH MINISTRY/YOUTH OUTREACH GRANT
APPLICATION FOR 2019 FUNDS**

Applications Due: Friday, September 30, 2018

Name of Applicant Parish, Mission or Institution of The Diocese of West Tennessee:

Address: _____

Phone: _____ Email: _____

Respond to all of the questions/requests below. If an item does not apply, please answer, "N/A".

Contact Person at Parish, Mission or Institution responsible for implementing the program:

Name: _____ Title: _____

Address: _____

Phone: _____ Email: _____

Contact Person at Parish, Mission or Institution responsible for administering the funds:

Name: _____ Title: _____

Address: _____

Phone: _____ Email: _____

1. Amount of grant request: \$_____ (Must agree with Col. B, Line 26 on Budget form CH2016-B.)
2. Assign a name to the program that will define its scope. _____
3. Goals and intended outcomes of the program/project: _____

4. Briefly describe the sponsoring parish/mission/institution's involvement in and support of the project.

5. Estimate number of volunteer/paid personnel hours the Parish, Mission or Institution will contribute to the project, and indicate how volunteers will be used.

6. Estimate number of youth the program will impact: _____
7. Age Range of youth to be served: _____

8. Describe the population to be served: _____

9. Physical location where the program will be conducted. _____

10. Projected dates of the program: _____ through _____.

11. Projected hours of operation (Note a.m./p.m.): Sunday _____ to _____; Monday _____

to _____; Tuesday _____ to _____; Wednesday _____ to _____; Thursday

_____ to _____; Friday _____ to _____; Saturday _____ to _____.

12. Total number of projected hours of program operation per week: _____

13. Are there plans to secure funding after the term of this grant? _____ If so, describe. _____

14. List other organization(s) that may partner with the applicant in the program. Describe their role(s).

15. The following documentation must accompany this application.

- a. The approved Vestry/Mission Council/Board minutes reflecting their commitment to the project.
- b. Completed detailed budget form (CH2017-B)
- c. Proof of liability insurance during the tenure of the grant:
 - i. General Liability
 - ii. Volunteer Coverage

16. The entity parish/mission/institution making application for this grant provides the following assurances:

- a. The program will comply with The Diocese of West Tennessee's Sexual Misconduct Prevention requirements (training in Sexual Misconduct Prevention for children, adults, and as needed, Anti-racism Training requirements). This will also be required of any partner organizations.
- b. The Church Home Grant funds will be distributed in accordance with the approved budget.
- c. All required reporting will be submitted to the Church Home Board as specified in the guidelines.
- d. Applicant assumes the responsibility for any partner's compliance with all grant requirements.

Signature of Responsible Party

Print name and title

Date

Office Use Only:

Signature of Church Home Board Rep.

Print name

Date