

**EPISCOPAL CHURCH HOME YOUTH MINISTRY/YOUTH OUTREACH GRANT  
APPLICATION FOR 2016 FUNDS**

**Applications Due: Monday, September 28, 2015**

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 (CH2015-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