



St. Lawrence District..... Serving 34 UU Congregations
of the Unitarian Universalist Association of Congregations
 695 Elmwood Avenue, Buffalo, New York 14222-1697 -- www.sld.uua.org
 716-882-0430 – smtabone@localnet.com

Chalice Lighters Grant Application for Single Congregation

To be submitted to the Growth Committee of the SLD (Revised: 5/08)

Advice on completing this application: It is anticipated that most applicants will use this as an electronic document and type right into it. Alternatively, you may print it out and both write on it and add pages. **You may submit either electronic or paper documents.** (See last page for addresses.) Help is available through the District office either in planning your project, completing this application, or in creating a five-year plan.

-----COVER SHEET-----

Intent to Apply was submitted on: _____

Application submission date: (*check one*) ___ April 1 or ___ November 1, Year: _____

Project

Total request from Chalice Lighters \$ _____

___ Acquiring/enhancing meeting space

Total Project budget _____

___ Securing professional religious leadership

Project support in your operating budget _____

___ Initiation of major program for growth and renewal

Project support from other fundraising _____

Brief description of Project (50 words):

Congregation and Contact Info

Congregation

Name:

Meets at (address):

Mailing Address:

(city, state, zip)

Phone ()

Fax ()

E-mail

Website

Project Manager (the person responsible to manage grant monies, ensure thank you notes written to individual Chalice Lighters, communicate with the District Growth Committee and submit reports as requested.)

Name:

Mailing Address:

(city, state, zip)

Phone, day ()

Phone, evening ()

E-mail

-----SELF STUDY-----

1. Please attach a copy of your congregation's five-year plan. An ideal long range plan would include these five areas:

- A. Membership B. Programs C. Facilities D. Finances E. Staff
 When was it approved by your Board? *date approved*
 When was it approved by your congregation? *date approved*

2. What percent of your congregation are Chalice Lighters? %

3. Who is your congregation's Chalice Lighter Ambassador?

4. Membership Trends: Please note: If year-to-date information indicates a significant change from prior years in any category, please briefly explain the change(s) on a separate page.

	Most recent complete church year	Prior year	Two years prior
<i>(end month, year)</i>	_____, 20____	_____, 20____	_____, 20____
Number of certified members			
Number of friends			
Average Sunday attendance			
Number of children enrolled in RE program			
Average Sunday RE attendance			
Number of local visitors			
Number of new members			
Number of members dropped and resigned			
If available: # moved away or died			

Please mark any numbers that are estimates with an asterisk.

5. Financial Information

Total pledge income			
Total income (all sources)			
Total expenses			
UUA Annual Program Fund Fair Share			
Actual Program Fund Contribution			
SLD Fair Share			
Actual SLD Contribution			

Please attach:

- A copy of your year-end financial statements for the last two years
- The current year's budget
- Estimated budgets for the next five years showing how the proposed project will be supported in the future.

-----**PROJECT IMPACT**-----

1. Describe your Project and how it will promote growth of your congregation.
2. How will you measure the success of your project?
3. Describe how your Project fits with your congregation's mission and vision and your five-year plan.
4. If you were to receive the Chalice Lighters' grant, what would you say in the appeal letter to describe what you will do with these funds and why the Chalice Lighters should give to you.

-----**PROJECT BUDGET**-----

Provide the budget details for your project including

1. A specific description of how the funds will be used.
2. A specific description of all sources of income (operating budget, fundraising, capital campaign, grants, etc.)

-----**ATTACHMENTS**-----

Your complete grant application will include:

Cover Sheet

Self Study including:

1. Five-year plan
2. A copy of your year-end financial statements for the last two years
3. The current year's budget
4. Estimated budgets for the next five years showing how the proposed project will be supported in the future.

Project Impact
Project Budget
Authorization

-----**AUTHORIZATION**-----

The Board of Trustees (or equivalent) has authorized this application to the SLD Growth Committee for Chalice Lighter Funds. The Project Manager agrees to be the primary person responsible for managing grant monies, ensuring thank you notes are written to individual Chalice Lighters, communicating with the District Growth Committee and submitting reports evaluating the grant project as requested.

Board Chair / President

Project Manager (if designated by Chair/President)

Date: _____

Date: _____

Deadlines for Applications: Application must be received by April 1 for April 30 decision or by November 1 for November 15 decision.

Send the completed application and pertinent attachments prior to the appropriate deadline to:

<p>ELECTRONIC COPIES TO: Growth Committee <u>EileenH713@aol.com</u> AND <u>smtabone@localnet.com</u></p>
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OR

<p>PAPER COPY TO: Growth Committee St. Lawrence District Office 695 Elmwood Avenue Buffalo, New York 14222-1697</p>
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