Congregational Capital Improvement Challenge Grant

Application Instructions

Deadlines:

Tuesday, April 30, 2019 5:00 p.m. - All Annual Reports

- 2019 Mission Support Commitment
- Congregational Report for the Year Ending 12/31/2018 Form A & C (Parochial Report)
- Report for Minister of Word and Sacrament

To confirm that reports have been submitted email <u>annualreports@mnys.org</u>. Include your congregation's name, city and the Pastor(s) name.

Monday, June 3, 2019, 5:00 p.m. - Grant Application and All Supporting Documents

All documents must be typed except for contractors' estimates.

- Current Trend report download from the ELCA website: http://www.elca.org/tools/FindACongregation)
- ✓ **Contractors' estimate(s)** There may be more than one estimate. Ex: for a restroom renovation, you may have a plumber, electrician, tile installer, etc. If you receive more than one estimate per service, please attach the estimate of preference. Remember the importance of using licensed and insured contractors. Consult the "NYC consumer affairs guide" for choosing a contractor (click here) and follow its recommendations.
- ✓ Current Budget approved at your congregational meeting (include school's budget, if applicable)
- ✓ Balance Sheet most current year-end
- ✓ Revenue and Expense Report most current year-end
- ✓ Summary of Restricted Accounts most current year-end
- ✓ Insurance Certificate or Declarations page
- √ Photographs of project limit three photographs

The Capital Improvement Challenge Grants are intended to assist congregations seeking to improve their property in order to improve and provide for Word and Sacrament ministry in our Synod. The synod's annual budget has allocated up to \$250,000 to be dispersed among all the approved applications for this strategic initiative. Approved grant applications provide <u>up to</u> \$2 for every \$1 raised by congregations for capital improvements. Maximum grant amount to be awarded is \$25,000.

When submitting a grant application please follow these instructions. Doing so will help the grant review team in its deliberations and provide the team with the necessary information for a fair reading of your application. The grant review team will assess all applications collectively and make its decisions based partly on...

- ...necessity of project (safety issues, heating, roof, accessibility, etc. are a higher priority than cosmetic projects)
- ...the volume of applications received and fiscal amounts sought (Maximum grant is \$25,000)
- ...if your congregation has received a Congregational Capital Improvement Challenge Grant in prior years
- ...the demonstration of a congregation's ability to match the funds sought
- ...missional enhancement achieved by the project
- ...capital need of the congregation to go forward with or without synod's help

Once your grant application and supporting documents are received you will receive an email confirming receipt. Expect notification of awards by September 30, 2019 barring unforeseen circumstances. Grant monies awarded are released once the congregation has raised its matching portion. Monies can be released in phases. Contact Sue Brandt with any questions at (212) 870-2378 or grants@mnys.org.

Projects must not have started prior to grant application deadline date of June 3, 2019!

If an emergency arises and work must begin prior to June 3, 2019, the Bishop must be made aware and upon her/his approval the review team will consider the application with all other applications. Projects must not have started prior to the Bishop's approval. The Bishop's approval does not guarantee being awarded a grant. No grant will be made until all applications are considered. Contact Sue Brandt at grants@mnys.org to initiate this consideration.

Congregational Capital Improvement Challenge Grant Fillable PDF Form Instructions

Please read these instructions before you proceed!

Instructions for filling out this form

This is a fillable PDF form. You will need either Adobe Acrobat or Adobe Reader to complete and save this form. Adobe Reader may be downloaded for free at http://get.adobe.com/reader.

USE ONLY ADOBE READER

Please do **not** complete this form using PDF readers other than Adobe Acrobat or Adobe Reader. Please don't complete this form using Apple Preview. If you use Preview, some features such as saving your completed document may be unavailable, or responses won't be visible when they are submitted. Use Adobe Reader; this free application may be downloaded at http://get.adobe.com/reader.

USE THE MOST RECENT VERSION OF ADOBE READER

While we attempt to make forms backward compatible, for the best results, use the most recent version of Adobe Reader, available for free download at http://get.adobe.com/reader.

DO NOT COMPLETE THIS FORM FROM WITHIN A BROWSER

Do **not** complete this form within a web browser. If you are viewing this form from within a web browser, please go back to the original document link and save the PDF file to your computer. To do this with a PC, right-click on the document link and select either "Save Target As" or "Save Link As" and save. On a Mac, use Command-Click to save locally. If you try to complete this form from within a browser, some features such as saving your completed document may be unavailable. If after saving the file on your hard disk, you click to open the document and it *still* opens in a browser, you may have to open Adobe Reader as your first step, and then browse your hard disk to find the form file to open.

FILLING IN THE FORM

This form can be filled out and saved for later editing, printing, or emailing. To fill out this form, position your cursor within a light blue field, click and begin typing. When you have completed a field, tab or click to the next. Periodically save your work. The first time you may prompted to save with a different file name; please name your file "Congregation's name.City.2019 CCIC grant application". This will make it easier to identify your file among other submissions. To ensure success, fill out a small portion of the form, save and exit. Open the form again and verify that your entries were saved. Print a hard copy for your files before closing the file!

STILL HAVING TROUBLE FILLING OUT AND SAVING THIS FORM?

Help is available! If you are having trouble completing and saving this form, or have questions regarding the application process, please contact Sue Brandt at grants@mnys.org or (212) 870-2378. Please use the grants@mnys.org for all grant questions and submissions.

Application

CONGREGATION INFORMATION					
Congregation Name:	Office Phone Number:				
Address:	City:		Zip (Code:	
Website:	Office Emai	l:			
Name of Parish Administrator/Secretary:					
Name of Pastor:	E	mail:			
Call Status: Full-time Part-time Pastor(s), has your most recent Report for Min (Reports must be submitted to annualreports@mnys.org Additional Called Pastors/Staff and Call	-			Yes	No
Date of last annual meeting?		ttended the 201a stor Lay Vot	3 Synod Assemb ing Member(s)	ly? No one a	ttended
MISSION INFORMATION					
Is your congregation carrying out a mission plan? If not, is your congregation in the process of decease. Has your 2019 Mission Support Commitment Form (Reports must be submitted to annualreports@mnys.org by A	eveloping a mission been filed?	on plan? Ye	es No Amount: \$ _		
Percentage of unrestricted regular giving:		on Support given	in 2018: \$		
Congregational Capital Improvement Challenge Gr or to make capital repairs in order to improve and awarded a grant how will your congregation bett	provide for Word	and Sacrament r	ninistry in our Sy	mod. <mark>If you v</mark>	perty vere

DETAILS OF YOUR PROJECT	
Please describe your project in detail. Include why this project was selected, the project budget, and square feet of the project's footprint: Total project cost: \$	
Have you contacted your insurance carrier to determine if your congregation is eligible for coverage of regarding this project issue? Yes No If yes, what is the expected value of the coverage \$ Grant request: \$	
Most grants awarded are 1:1 grants (\$1 in grant funds for every \$1 raised by the congregation); awar as 2:1. Grant amount requested (check all applicable):	ds can go as high
1:1 2:1 Need at least \$ to complete project Will accept	ot any amount
Special Situations: The Gathered Strategy Committee has set aside up to \$25,000 for distribution for congressing in poverty communities. These matches are up to 5:1 match. These are rare and special situations; Sue Brandt at grants@mnys.org or (212) 870-2378 for more information.	_

FINANCIAL INFORMA	TION				
Has your 2018 Annual Congrega (Reports must be submitted to annual			ort) been filed?	Yes	No
Information about your Congress Receipts during 2018: \$	giving ed giving come ny source) receipts CEIPTS permanently restricted	Assets as of Dec. \$\$ \$\$ \$\$ \$\$ \$\$ d funds (Endowment)	31, 2018: Church real estate *Endowment Restricted Fund(s) Cash, savings, bonds, All other assets Total indebtedness as	etc. (not includes of Dec. 31,	
2019 Budgeted/Projected: Income: \$ Date of congregation's last final Is your congregation current with	ncial audit:		Capital Improvement: \$		
If no, please explain:					
How much money for this proje					
How will your congregation med	et its portion of the m	natch?			

BUILDING AND PROPERTY INFORMAT	ION					
Is your congregation able to maintain the upkeep and Please describe how you maintain, or what is pre				No		
Capital improvements made in 2018: \$		Please describe capital improvements (not maintenance):				
Does your congregation receive any rental income?						
Yes, another Christian denomination		Receipts	during 2018: \$ during 2018 \$			
Yes, a non-Christian denomination		Receipts	during 2018 \$			
Yes, Parish/Fellowship Hall for social gatherin No	ıgs	кесеіртѕ	during 2018: \$			
CONGREGATION OFFICERS AND SIG	NATURES)				
Name:	Phone:	<u>E</u> :	mail:			
President The pastor is also the president.						
Vice President						
Treasurer						
Secretary						
Contact Person throughout the Grant Process:	Congregation Officer Approval:					
Name:	Name:					
Phone:						
Email:						
Follow the signature instruction by hovering over the arrow in the signature box. Print a hard copy for your records.		Pastor's signature: Date:				