

## APPLICATION FOR CHALICE LIGHTER GRANT

Congregation \_\_\_\_\_

Mailing Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

We apply for a Chalice Lighter grant to assist our congregation's growth as described in the application below.

### 1. Project Description

A. On a separate sheet, describe the specifics of your proposed project. Include the proposed project budget and list the local resources, including loans, that are available from your congregation to help with the project.

B. Attach a copy of your growth plan. Describe how the proposed project implements that plan. Describe the potential effect on the growth of Unitarian Universalism through the project.

### 2. Membership

A. Adult voting members

Current \_\_\_\_\_

1 year ago \_\_\_\_\_

3 years ago \_\_\_\_\_

5 years ago \_\_\_\_\_

B. Average Sunday attendance

Current \_\_\_\_\_

1 year ago \_\_\_\_\_

3 years ago \_\_\_\_\_

5 years ago \_\_\_\_\_

### 3. Religious Education

A. Number of children enrolled

Current \_\_\_\_\_

1 year ago \_\_\_\_\_

3 years ago \_\_\_\_\_

5 years ago \_\_\_\_\_

B. Average attendance

Current \_\_\_\_\_

1 year ago \_\_\_\_\_

3 years ago \_\_\_\_\_

5 years ago \_\_\_\_\_

C. Number of classes \_\_\_\_\_

D. Do you have a youth group? \_\_\_\_\_ Number served \_\_\_\_\_

E. Do you offer child care? \_\_\_\_\_

### 4. Organizational Structure.

A. Number on governing board \_\_\_\_\_ Length of term \_\_\_\_\_

B. Lay leader (officer) positions: \_\_\_\_\_

C. Standing Committees: \_\_\_\_\_

### 5. Minister(s) and Staff.

Attach a roster of minister(s) and staff, including name, title, whether full- or part-time, and contact phone number.

### 6. Finance

A. Please attach a copy of your current budget. How many pledging units this year? \_\_\_\_\_

B. Historical data:

<u>Category</u>	<u>Last year</u>	<u>3 years ago</u>	<u>5 years ago</u>
Total expenditures	_____	_____	_____
Pledge income	_____	_____	_____
Investment income	_____	_____	_____
Other Income	_____	_____	_____
Pledging units	_____	_____	_____

### 7. Meeting place.

A. On a separate sheet, describe building, grounds, parking, signs, and location within community. Attach photos or maps if that helps. If project involves a new building at a new site, describe the new site and include information on building plans.

B. Owned or rented? \_\_\_\_\_ Monthly rent or loan payment \_\_\_\_\_

C. Current Principal Balance on loan \_\_\_\_\_

D. How long have you met at this location? \_\_\_\_\_

E. Age of building \_\_\_\_\_

### 8. Other information

A. Chalice Lighter grantees must have and maintain Honor Society status with the PNWD and UUA. Are you currently a UUA Program Honor Society? \_\_\_\_\_ Are you a District Honor Society? \_\_\_\_\_

B. Chalice Lighter grantees must have and maintain at least 30% of membership enrolled in the Chalice Lighter program. Have you met this requirement? \_\_\_\_\_

C. This request was approved by the congregation's Board of Trustees in a meeting held \_\_\_\_\_.

D. The congregation has designated the following person to be liaison for this grant: Name \_\_\_\_\_

Title (if any) \_\_\_\_\_

Address \_\_\_\_\_

Phone (day) \_\_\_\_\_ (eve.) \_\_\_\_\_

Email \_\_\_\_\_

E. Prepared by \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_

**Please notify the district office immediately if any contact information changes.**

**The Chalice Lighter coordinator will contact your liaison upon receipt of the application. The application will be forwarded to the PNWD Chalice Lighter Advisory Committee for consideration. If approved, the call for this grant will be scheduled by the Chalice Lighter coordinator.**

**Mail completed application and all attachments to:**

**PNWD District Office, 12700 SE 32<sup>nd</sup> St., Bellevue, WA 98005-4317**