**Grants are limited to ECD members and those already working in Episcopal Deaf Ministries**

**Name and address of the Ministry: Date Submitted:** \_\_\_\_\_\_\_\_\_\_

|  |
| --- |
|  |

**Contact Person’s Name, Address, Email, Text & VP #**

|  |
| --- |
| **name** 🞂 |
| **address**🞂 |
| **email** 🞂 |
| **text #** 🞂 |
| **VP#** 🞂 |

**Diocese of** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Amount requested from ECD:  
\_**$\_\_\_\_\_\_\_\_  
*Bottom Line of Ministry Funding Table on p. 2.*

|  |  |  |
| --- | --- | --- |
| **1. Kind of Grant** | | |
| ***Check one*** | **Category** |  |
|  | Equipment | *What do you need? For what purpose? (Receipt required for reimbursement.)* |
|  | Program | *Special Program Focus (i.e. a class, feeding ministry, outreach opportunity)* |
|  | Ministry | *Funding the core of a Deaf Church or ministry. Who or what is being paid? (i.e. office or worship space rental, clergy, missioner or administrator salary…)* |
|  | Other | *i.e. Seminary tuition, year 1of 4*… |

*Describe the project for which you are requesting this grant. Include goals and how they will be measured. Attach additional information and exhibits describing the project, if you wish.*

| **2. Description of the Project** |
| --- |
| ***Use extra space as needed. (Make this box as big as you need.)*** |

*Please include figures here in this table OR attach a clear, simple budget of your program or project.   
If entering information directly into this document, please add or delete rows of this table, as necessary.*

| **3. Whole Project Budget** *Give totals in each line, if applicable. Tell us how you come to that amount.* | | | |
| --- | --- | --- | --- |
| **Funding Item** | **Amount** | **Details** *Add more rows to this table, if necessary.* |
| **example: ASL interpreter** | $ 8,710 | Example: $65/hr. Sundays 2hrs ($6,760); 2 terps+3hrs Xmas/Easter ($390); Vestry or other mtg 2hrs/month ($1,560). (Numbers given should add up to the total in “Amount” column.) |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
| **Total Cost** | **$** |  |

| **4. Whole Project Funding** *Finding partners strengthens ministry.* | | |
| --- | --- | --- |
| Total Cost  *from budget above or attached* | $ | *List details below* |
| Amount from **your organization** | -$ | *ex. offerings, dividends, principal of endowment* |
| Amount from **your Diocese** | -$ | *ex. Diocese supports Deaf ministry by…* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (More details can be added under question 6 below.) |
| Amount from other source | -$ |  |
| Amount from other source | -$ |  |
| **Total Requested from ECD** | **$** |  |

**5. Financial Reports**

* Provide **previous year and** **current YTD** (year to date) **financial reports** of any current program and the church or sponsoring organization. Include a **balance sheet**, listing your organizations’ financial assets.
* If this request is for continuing an ECD grant, make sure your financial report shows clearly the use of ECD Grant Funds.

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| **6. Further Questions** |
| 1. **Are D/deaf persons involved in this project? People with significant hearing loss? How?** |
|  |
| 1. **Who will benefit from this program? How have they been involved in the planning?**   *(If this is a request for scholarship or internship funding, what has been your relationship with the Episcopal Church's ministry among Deaf people? With which persons or congregations have you been involved? If the grant is to support the work of a specific individual, state that person's name and qualifications.)* |
|  |
| 1. **Is this a new project? OR: Is this project ongoing? How long will this project continue?** |
|  |
| 1. **Has this project, individual, organization, congregation, or diocese received financial aid from the ECD previously? Give details.** |
|  |
| 1. **Have you requested or received funding from another organization? Explain.** |
|  |
| 1. **How are diocesan organizations or other local churches supporting your project in other ways?** |
|  |
| 1. **How will the project continue after the ECD grant has ended?** |
|  |
| 1. **Who will administer this grant?** *(Church treasurer, missioner, event organizer…?)* |
|  |
| 1. **How else can the ECD help you?** |
|  |

**7. Signature**

*Signature of Applicant\**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Date*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Printed name & title*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Co-Applicant (if any)*\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Date*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Printed name & title*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Clergy in charge, ministry coordinator, seminary dean, etc. Co-applicant is not necessary, but encouraged.

*Date Grant Submitted* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(here and at the top of page 1, please.)*

***Scan and send your completed form, as ONE attached file,   
to ECD Membership Secretary, Robert Hartzog, at membership@ecdeaf.org   
AND grant@ecdeaf.org***

***Some Requirements in order to (continue to) receive funding:***

* ***ECD Member in good standing:*** *You (individual or church) must be a current member and pay your yearly dues to continue to be a Member in Good Standing with the ECD.*
* ***Progress Report and Picture for publication:*** *Every six months please submit to the ECD secretary a report/article about your ministry including at least one picture for our newsletter in order to continue receiving payment after 6 months.*
* ***Receipt required in order to receive payment for Equipment Grants.****Please mail or scan-and-email the equipment receipt to the ECD treasurer in order to receive reimbursement. If you need funds before you make the purchase, please correspond with the board and send receipt as soon as possible. (Visit ECDeaf.org for board member contact information.)*

**8. Diocesan Endorsement and Signature**

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| The following questions must be answered and signed by the Diocesan Bishop **OR** APPROPRIATE DIOCESAN AUTHORITY in which this ministry will operate. |
| 1. **What are your reasons for believing that this is a good request for funds from the Episcopal Conference of the Deaf?** |
|  |
| 1. **How does/will this program fit into your diocesan ministry?** |
|  |

**I have read this entire request and approve this application.**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diocese \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_