

**Application for Vickers Memorial Ministry Fund
Grant/Loan**

Amount Requested _____

Name of Church _____ Date _____

Address _____ City/Zip _____

Contact _____ Phone _____ Email _____

Vickers Memorial Ministry Fund: This fund was established from monies received from the sale of His Place, a diocesan retreat and healing center. Funds shall be spent from the interest only. The corpus amount of \$415,098.91 shall not be spent.

Funds shall be spent for any diocesan programming that benefits and enhances the ministry of the diocese with emphasis on healing and retreats. Funds will not be spent to benefit individuals, buildings, or capital improvements. Monies from this fund will be used to help fund programs that advance the mission of the church. Funds may take the form of a grant or a loan at the discretion of the Bishop and the Finance Department.

The Bishop and Finance Department shall approve spending of the funds. Council and the Finance Department will receive a quarterly report detailing the use of the funds. Fund recipients shall submit a grant report form on June 1 and December 1 each year until funds are spent.

Funding requests are subject to the availability of fund resources.

Dear Vickers Memorial Ministry Fund Applicant: Prior to consideration of your application the following shall be current:

- 1. Parochial Report (Date submitted : _____)**
- 2. Assessments (Annual and/or assisted congregation) (Total paid to date : _____)**
- 3. Audit (Date submitted: _____)**

Please list current assets, (if any), including stocks, bonds, and cash not currently invested with the Diocese. _____

Please respond to each of the following:

- 1) For what program will the funds be needed?
- _____

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2) How does this program enhance the ministry of the diocese?

3) What are the reasons your church cannot afford to underwrite this project? _____

4) What other sources of funds are you seeking (other grants, donations, capital funds drive)?

5) Please provide a narrative description of the program and how it will help promote the ministry of your congregation and how the program fits with your overall plan of developing ministry. Please attach documentation of the projected costs and any other information that will aid Finance Department and the Bishop in review of your application.

Please return this form to:

The Diocese of Montana
PO Box 2020
Helena, MT 59624

Vickers Memorial Ministry Fund requests are reviewed by the Finance Department with a recommendation to the bishop. Please contact the diocesan office 800-247-1391 for meeting times. Applications should reach the diocesan office no later than two weeks prior to the Finance Department meeting.

Finance Use Only:

Recommend Approval to Bishop_____

Approved/Disapproved (circle one)

Recommend Disapproval to Bishop_____

Grant/Loan

Recommend Grant or Loan_____

Amount \$_____

Returned for further information_____

Date_____ Amount \$_____

C. Franklin Brookhart, Bishop