

CLERGY CARE GRANT APPLICATION

Name & Mailing Address of Congregation:

Role of Person/Group submitting application:

- Moderator/Council President (or similar)
- Church Council (or similar governing body of congregation)
- Pastoral Relations Committee (or similar)
- Other (please specify) _____

Contact Information for Person/Group submitting application

Name:

Email Address:

Telephone Number:

Role in Congregation:

What is the amount of your grant request: _____

Congregations with one pastor on staff may request up to \$500. Up to \$1000 total may be requested by congregations with more than one pastor on staff or by congregations who have members who are authorized ministers actively serving in other settings who will also benefit in some way from this grant. All grant dollars must be utilized to provide care, gratitude, and/or respite to authorized ministers in a congregation. Grant funds are not meant to underwrite costs related to regular vacation or leave time that is already part of a congregation's agreement/call letter with a pastor but must provide an extra measure of respite or care.

Who are the actively serving ministers in your congregation who you wish to support in some way with this grant? Please list all actively serving ministers who will benefit from this grant by name & indicate their role or ministry. (All listed must be actively serving authorized ministers with standing in the Minnesota Conference UCC & have either a staff role or membership in your congregation.)

Please share details here about how you will utilize this grant in support of actively serving ministers in your congregation.

Example 1: \$300 will pay for 2 Sundays of pulpit supply so that our pastor may take 2 additional Sundays off (beyond vacation time already allowed) in the next 6 months. The remaining \$200 will be given to our pastor to help pay for the cost of staying at a retreat center.

Example 2: \$400 will pay for lodging or travel to a retreat center our pastor wishes to stay at for some Sabbath time away free from their duties at the church. The remaining \$100 will be utilized to purchase gifts for 2 chaplains who are members of our congregation (listed above in this application).

Electronic Signature of Contact Person

Date

- _____By providing my signature here, I am signifying that this grant request is supported by and agreed to by the appropriate leadership body in our congregation & that any funds awarded by the Conference will be used for the purposes stated above

Return this application attention to Conference Minister Rev. Shari Prestemon at sharip@uccmn.org or Minnesota Conference UCC; 122 W Franklin Avenue, Suite 323; Minneapolis, MN 55404.