**Five Marks of Mission Block Grant Requests**

**Name of Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Parish/Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IMPORTANT**

**Deadline for receiving this completed form is the end of the quarter. Reports for funds received in the previous 24 months must be submitted before any new request will be considered.**

*Electronic submission preferred:* Paper submission:

chobart@cnyepiscopal.org The Episcopal Diocese of CNY

 Attn: C. Hobart
 1020 7th North St., Ste. 200

 Liverpool, NY 13088

Contact Person:

Phone: Email:

Address:

1. Please describe each program in detail for which you are requesting funding. Include in the description the following information:

1. The desired outcomes (goals) of this ministry
2. The way this ministry supports and lives out our baptismal covenant. (*BCP, 1979* pgs 304-305)

2. Explain how this ministry will build community – among its specific target group? The parish? Your community? The Diocese?

3. Explain how all of the baptized – both laity and clergy – will be incorporated into this ministry?

4. Explain how this ministry will spread the Gospel?

5. Explain how this program/ministry will intentionally seek to be diverse?

6. Explain how this ministry will live out the mission of radical hospitality and the diocesan vision of being “the passionate presence of Christ for one another and the world we are called to serve.”

7. Explain how this program/ministry supports one or more of the Five Marks of Mission: Proclaim the Good News of the Kingdom; Teach, baptize and nurture new believers; Respond to human need by loving service; Seek to transform unjust structures of society; and/or Strive to safeguard the integrity of creation and sustain and renew the life of the earth.

8. Describe how this program/ministry embraces change or new ways of thinking?

9. Describe how this ministry supports other ministry?

10. Describe how the success of this program/ministry will be evaluated? How will it be measured?

**Please provide a budget for each program/ministry you are requesting funding for that includes:**

|  |  |
| --- | --- |
| **Expense Category** | **Budgeted Amount** |
| Personnel (Staff) *PLEASE NOTE SALARIES ARE NOT FUNDED BY STRATEGIC INITIATIVE MINISTRY FUNDS* |  |
|  |  |
|  |  |
| Supplies: what type, etc |  |
|  |  |
|  |  |
| Travel: Describe & how calculated, etc. |  |
|  |  |
|  |  |
| Meetings, Description: Describe where, when & how calculated, etc  |  |
|  |  |
|  |  |
| Professional fees (ex. speakers, musicians, etc.) |  |
|  |  |
|  |  |
| Dues or fees to other organizations |  |
|  |  |
|  |  |
| Other-specify |  |
|  |  |
|  |  |
|  |  |
| **LESS** Other sources of income (registration fees, etc.)Parish support | ( ) |
| Fees, ticket sales |  |
| Other community funds or grants |  |
|  |  |
| **TOTAL** |  |