CER Chalice Lighter Grant Application 

Existing Congregations

To be submitted to the Chalice Lighter Program Committee of the Central East Region

Revised: September 9, 2020

Please refer to [Chalice Lighter Grant Policies and Procedures](https://www.uua.org/files/2020-12/cercl-policies-procedures.pdf) for grant-related policy, deadlines and information about assistance in completing this form.

Name of Congregation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meets at (address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Section 1 – Information regarding the grant being requested

(attach separate pages as necessary)

1. Type of Grant: Check one: (note: staff grants are only given to establish and fill for the first time a permanent position in each category, with the exception asterisked below. The asterisk indicates a second grant may be awarded for the same position to a new congregation being organized.)

\_\_\_\_Land Purchase

\_\_\_\_Building purchase/construction

\_\_\_\_ Building expansion

\_\_\_\_Other growth project

\_\_\_\_Minister (at least half-time)\*

\_\_\_\_Additional Minister (at least half-time)

\_\_\_\_R.E. Professional\*

\_\_\_\_Additional RE Professional

\_\_\_\_Administrator

\_\_\_\_Music Director

\_\_\_\_Membership Coordinator or Director

\_\_\_\_New congregation organizing

\_\_\_\_Part-time to full-time (\_\_\_\_\_\_\_\_\_\_\_\_)

Position

2. Grant Summary: Please briefly summarize how you will use these funds. Attach additional sheets if required.

3. Land & Building

A. What is the cost of the entire project? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. How will it be funded (please include all sources of funding)?

C. Have you planned a capital fund drive to support the project? Please describe.

If completed, what were the results?

D. If an expansion project, how much additional space will be realized and how will it be used?

4. Other Growth

A. What is the cost of the entire project?

1. Describe your project:

C. How will this impact your growth?

5. Staff Position:

A. Will it be a full-time position? Yes\_\_\_ No\_\_\_\_

B. If not full-time, how many hours per week? Hours/wk \_\_\_\_\_

C. If not full-time, do you expect it to become full-time at some point in the future? (Explain)

D. Show how compensation for this position is consistent with the UUA Salary Recommendation guidelines.

E. Please briefly explain how this position/function has been handled until now and how filling this position will help the congregation grow.

6. Please briefly explain how you believe this grant will help your congregation.

7. By year, how much funding do you expect to provide for this function in addition to the grant?

Year 1 \_\_\_\_\_\_\_\_\_\_\_ Year 2 \_\_\_\_\_\_\_\_\_\_\_ Year 3 \_\_\_\_\_\_\_\_\_\_\_

8. Except for building or land purchase, please briefly describe how you plan to continue funding the function once the grant is completed.

9. When do you want/expect to begin using your grant? (Month/year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Grants paid out monthly must be fully paid no more than 5 years from the date of award. Lump sum grants must be fully paid out 3 years from the date of award. Grants not fully paid by these deadlines will be subject to forfeiture.)

10. Describe how your grant application relates and/or contributes to regional growth.

## Section 2 – Information about your congregation

1. Please attach a copy of your long-range plan that includes these five areas:

A. Membership B. Programs C. Facilities D. Finances E. Staff

When was it approved by your Board? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When was it approved by your congregation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff is available to work with your congregation to develop a long-range plan if you do not have one. If interested, please reach out to your CER Primary Contact or contact Cristina Sanchis at [csanchis@uua.org](mailto:csanchis@uua.org).

Please note that the CER Chalice Lighter Program Committee concentrates its efforts on those congregations where there is demonstrated intention to grow in numbers and in justice, compassion and spirituality. To that end, **this application must include information on your current and planned programs on anti-racism, anti-oppression, and multiculturalism.** There is no requirement that the congregation has such programs. However, the CER Chalice Lighter Program Committee will use this information as part of its evaluation of the application.

2. Membership Trends

Please note: If year-to-date information indicates a significant change from prior years in any

category, please briefly explain the change(s) on a separate page.

Most Recent

Complete Prior 2 Years

Church year Year Prior

( / - / ) ( / - / ) ( / - / )

Number of certified members \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Number of friends \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Average Sunday attendance \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Number of children enrolled in RE program \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Average Sunday RE attendance \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Number of local visitors \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Number of new members \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Number of members dropped and resigned \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

If available: moved away or died \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

3. Financial Information

Number of pledge units \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Total amount pledged \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Total income (all sources) $\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

Total expenses $\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

Please attach:

A. A copy of your year-end financial statements for the last two years.

B. The current year's budget.

C. Estimated budgets for the next five years showing how the proposed project will be supported in the future.

Section 3 – Application Checklist

1. **Long-range plan**. Have you attached your plan and included current or Yes \_\_

planned programs on anti-racism, anti-oppression and multiculturalism, if any?

2. **Financial information**: Have you attached year-end financial statements, Yes \_\_

current budget, and proposed 5-year budget projection?

3. **Evaluation**. The Project Manager must provide an annual grant implementation Yes \_\_

report, including quarterly membership statistics and weekly attendance, using the

form on the CER web site. The annual written report will describe the efficacy of

the grants, using whatever indicators the congregation believes are meaningful. The

grant annual report should include the congregation’s annual report, if one is

produced. Do you agree to write and submit these evaluations and report?

4. **UUA Honor Congregation**. Grant recipients must be and remain UUA Honor congregations. Is your congregation a UUA Honor Congregation? Yes \_\_

5. **Communication**. Do you agree to send a copy of your newsletter during the period Yes \_\_ of the grant to the Grant Manager identified in the letter notifying the applicant of the

grant award?

(Authorized by) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Board Chair / President

Applications approved by the congregation or applications that implement plans already approved by the congregation will be given the greatest consideration. Please indicate whether the application was approved by the congregation, the Board of Trustees (or equivalent) or both.

This application was approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Intent to Apply due:** | **Full Application due:** | **CL Committee Grant meeting** |
| June 1 | August 1 | September |
| October 1 | December 1 | January |
| January 2 | March 1 | April |

Send the completed application and pertinent attachments electronically to [csanchis@uua.org](mailto:csanchis@uua.org) and to [chalicelighters@cerguua.org](mailto:chalicelighters@cerguua.org) by the appropriate deadline.