

# Application Form

The online fillable version of these forms can be completed from your web browser and saved to your computer. They represent only part of a complete proposal. Refer to the Indiana Request for Proposals (RFP) booklet for full details and instructions on how to apply for a Clergy Renewal Program grant.

## Congregation & Pastor

(type or print clearly)

\_\_\_\_\_  
Congregation's legal name (please print)

\_\_\_\_\_  
Congregation's common name (if different from legal name)

\_\_\_\_\_  
Congregation's street address

\_\_\_\_\_  
Congregation's mailing address (if different from street address)

\_\_\_\_\_  
City State ZIP Code County

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Employer identification number (EIN)

\_\_\_\_\_  
Website URL (if any)

\_\_\_\_\_  
Congregation's general email address

\_\_\_\_\_  
Pastor's Prefix

\_\_\_\_\_  
Pastor's first and last name

\_\_\_\_\_  
Pastor's title

\_\_\_\_\_  
Pastor's preferred contact telephone number

\_\_\_\_\_  
Pastor's email address

\_\_\_\_\_  
Representative prefix Authorized congregational representative's first and last name (refer to p. 8 in RFP for who may serve in this role)

\_\_\_\_\_  
Title or position in congregation (may not be family member, pastor or other staff person of the congregation)

\_\_\_\_\_  
Representative's preferred contact phone number

\_\_\_\_\_  
Representative's preferred email address

\_\_\_\_\_  
\$  
**Total Amount Requested**

# Application

## Signature Page

**By giving their signatures below the Congregational Representative, Senior Minister and Applying Pastor acknowledge the following:**

I am duly authorized to represent this congregation and submit this proposal on its behalf. I affirm, to the best of my knowledge, that the information contained in the proposal is true and accurate. My signature indicates that the congregation is fully aware of this proposal, approves its submission and is prepared to accept a grant from Christian Theological Seminary if selected. If a clergy renewal grant is awarded, the congregation commits to continue the pastor's full salary and benefits during the renewal program.

\_\_\_\_\_  
Authorized congregational representative's first & last name\*

\_\_\_\_\_  
Representative's title of position in congregation

\_\_\_\_\_  
Authorized congregational representative's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Senior minister (if different than the applying pastor)

\_\_\_\_\_  
Senior minister's title

\_\_\_\_\_  
Senior minister's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Senior minister's email

\* Signature must be that of the congregation's authorized lay leader. Refer to page 8 of the RFP for details on who may serve in this role.

I believe that the information provided on this application is accurate. If a clergy renewal grant is awarded and the program is undertaken, I intend to serve this congregation for at least one year after the end of the renewal program. Further, I recognize that this grant is not portable and that it can be used only while I am serving in the congregation that has applied for this grant.

\_\_\_\_\_  
Applying pastor's first and last name

\_\_\_\_\_  
Applying pastor's title

\_\_\_\_\_  
Applying Pastor's Signature

\_\_\_\_\_  
Date

## Brief Summary of Other Data (Complete each item)

\_\_\_\_\_  
Official name of denomination or indicate if congregation is nondenominational or independent

\_\_\_\_\_  
Date congregation was founded

\_\_\_\_\_  
Total annual operating budget

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

\_\_\_\_\_  
Average number at worship

\_\_\_\_\_  
Years pastor has served this congregation

Is the pastor bi-vocational?  Yes  No

If yes, estimate number of hours per week the pastor spends in service to this church? \_\_\_\_\_

Has this pastor's spouse's congregation received a clergy renewal grant?  Yes  No

If so, when and name of congregation \_\_\_\_\_

Is this pastor's spouse also applying for a clergy renewal grant this year?  Yes  No

If so, name of congregation \_\_\_\_\_

### How did you learn about this program:

friend/colleague  news story  website (cts.edu)  other website  email  other (explain in the space below)



# Application

## Expenses & Budget: Pastoral Budget Expenses Worksheet

The online fillable version of this form will calculate the total for you.

Include only those expenses related to the pastor's renewal program that will be covered by Clergy Renewal Program grant funds. If you anticipate using funds from other sources in addition to CRP grant funds, provide explanation of those funds in the pastor's Budget Narrative.

Enter amounts without commas or cents

*Only enter amounts covered by CRP grant funds*

### Travel

Airfare \$ \_\_\_\_\_

Automobile expenses:

Personal car mileage \_\_\_\_\_

Car rental costs and gasoline \_\_\_\_\_

Other ground transportation \_\_\_\_\_

### Meals and lodging

### Tuition or fees

### Books

### Telephone

### Postage

**Equipment and supplies** (max amt 10% of Pastor's budget) \_\_\_\_\_

**Other** (passports, inoculations, entrance fees, etc.) \_\_\_\_\_

**Set-aside for post-leave activities** (max amt \$2,500) \_\_\_\_\_

**Estimated increase in tax liability as a result of receiving grant** (optional; explain how this amt. was calculated in the pastor's budget narrative\*) \_\_\_\_\_

**Total \$** \_\_\_\_\_

\_\_\_\_\_  
Applying pastor signature

\_\_\_\_\_  
Signature of treasurer

\* Pastors should work with the congregation's treasurer and/or personal tax adviser to determine the potential impact of this grant on the pastor's personal income tax. When determining the potential tax impact, note that the grant will be paid by Christian Theological Seminary to the congregation, not directly to the pastor. Please note that CTS and LEI will not provide advice about the tax implications of grant awards.

## Expenses & Budget: Congregational Budget Expenses Worksheet

The online fillable version of this form will calculate the total for you.

Include only budgeted amounts related to the congregation's expenses for fulfilling pastoral responsibilities, events related to the the pastor's leave-taking and return, and congregational renewal activities that will be covered by Clergy Renewal Program grant funds. If you anticipate using funds from other sources in addition to the CRP grant funds, provide explanation of those budgeted funds in the congregation's Budget Narrative.

**Maximum Congregational Budget: \$15,000**

*Enter amounts without commas or cents*

*Only enter amounts covered by CRP grant funds*

**Pulpit supply and / or interim staff**

Honoraria \$ \_\_\_\_\_

Travel and lodging \_\_\_\_\_

Benefits \_\_\_\_\_

**Congregational events relating to pastor's leave-taking and return**

\_\_\_\_\_

**Congregational renewal activities**

Please explain fully in Proposal Narrative, Part A, and in budget narrative.

\_\_\_\_\_

**Other**

\_\_\_\_\_

**Total \$**

\_\_\_\_\_

\_\_\_\_\_  
Applying Pastor's Signature

\_\_\_\_\_  
Signature of Treasurer

# Application

## Applicant's Federal Tax-Exempt Status

Refer to page 11 in the Indiana Request for Proposals document for detailed instructions on completing this form and providing the correct required documentation.

Christian Theological Seminary is required by federal tax law to determine the exempt status of each organization to which it makes a grant. Therefore, it is necessary that you supply the following information to establish that your congregation is exempt from the payment of federal income taxes under Internal Revenue Code ("Code") section 501(c)(3) and is a church described in Code section 170(b)(1)(A)(i).

---

Organization's Legal Name

---

Organization's common name (if different from legal name)

---

Congregation's street address; then, mailing address (if different)

---

City

---

State

---

ZIP Code

## Accepted Federal Tax-Exempt Documents

- A. If your congregation has an Internal Revenue Service letter determining that your organization is exempt from federal income taxes under Code section 501(c)(3) and a church described in Code section 170(b)(1)(A)(i), please provide a copy of the most recent letter.
- B. Some congregations may not have asked for or received such a letter from the IRS. If that is the case in your situation, then determine whether your congregation is listed in a group exemption ruling for your denomination. If so, please attach evidence that your congregation is covered by the ruling (for example, by sending copies of the directory cover and the page on which the congregation is listed in the official directory of your denomination).
- C. If your congregation does not have an individual exemption letter and does not fall under a denomination group ruling, please attach a letter that has been written and signed by legal counsel that verifies that your congregation is a church described in Code sections 501(c)(3) and 170 (b)(1)(A)(i).

No grants will be awarded until the proper tax status is confirmed.

---

Date

---

Responsible Officer's Signature

---

Responsible Officer's Title

---

Print Name

---

Responsible Officer's Email

## Previous Recipient Information

**Only complete and include this form with your proposal** if you have previously been supported by a grant in the Clergy Renewal Program for Indiana Congregations. Your congregation is eligible to apply for a subsequent grant in support of another leave if it will have been at least seven years in 2023-2024 since your renewal leave ended.

**Refer to page 14 of the RFP for details on completing Part D of the Proposal Narrative in conjunction with this form.** Include your responses to the questions below following the same formatting guidelines given for Parts A-C of the Proposal Narrative. You may include up to two (2) additional typewritten pages with your Proposal Narrative for a total of twelve (12) pages. In addition to the questions in Parts A, B and C, we request that previous clergy renewal participants respond fully to the following three questions. Please use no more than two additional, double-spaced pages.

The clergy renewal grant to my congregation was made in \_\_\_\_\_ (month and year), and I took my renewal leave from \_\_\_\_\_ to \_\_\_\_\_ (month and year; Example: May 2017 to July 2017).

Are you serving the same congregation?  Yes  No

If not, please list the name and city of the congregation to which the first grant was made:

---

Name of congregation

---

City