We recruit and develop transformational leaders to make disciples and grow vital   
congregations to transform the world.

**Fall 2020 Congregational Development Grant Application**

GNJ exists to recruit and develop transformational leaders so that people and communities experience healing, renewal and wholeness from God. Transformational leaders grow vital congregations who shape passionate disciples of Jesus Christ and share faith, hope and justice in the community.

GNJ seeks to develop Holy Spirit-led servant-leaders who forge a path forward where others do not see the way. A GNJ leader reaches out beyond the walls of the church into the community to transform lives by spreading God’s love, hope and justice and bearing witness to Jesus Christ. (Matthew 23:11, Philippians 4:13)

GNJ leaders are fruitful by growing new disciples, worship, small groups, mission engagement and giving. GNJ will work with and grow leaders to be:

* Fruitful - grow new passionate disciples, inspiring worship, active small groups, risk taking community mission, and generous giving to mission.
* Transformational - lead congregations through missional, cultural and identity change.
* Apostolic - are on a clear mission to create something more than what is. Paul was an apostolic leader who went to places with few or no believers and his leadership transformed the community by generating congregations of passionate disciples.

We are currently serving in unprecedented times. COVID-19 is an affliction, an affliction that requires perseverance. Perseverance fuels innovation, which produces resiliency and progress. Progress produces hope and together, with that hope, we will spread the Good News of Jesus Christ and transform communities.

Because of GNJ leadership, disciples will be even more passionate, congregations will be even more vibrant and fruitful and people and communities will experience healing, renewal and wholeness from God.

GNJ is committed to resource and support congregations and clergy and lay leadership to assess and improve their pathways for disciples to know, grow in, live and share the life of Jesus every day, so that we increase the number of new disciples and vital congregations

***How do vital congregations grow?***

* Inspired and inviting worship
* Engaged disciples in mission and outreach
* Gifted, empowered and equipped lay leadership
* Equipped, effective, and inspired clergy leadership
* Faith-formed small group ministries, and
* Strong children and youth ministries.

God also calls United Methodists to do better in **ending racism, privilege and oppression** in the church and world. GNJ has been a leader in diversity, and yet GNJ still has more journey to travel. It is evident after talking with people who have experienced racism and harm that GNJ has the opportunity at this moment to go deeper in its work to end the sin of racism and take action to repair past harm.

In order to address and end racism in GNJ, *A Journey of Hope* initiative was presented and passed during the 2020 Annual Conference session. This initiative sets forth a bold plan for GNJ to work together to end the sin of racism as we build on our past progress and go deeper in our ministry to create a more just, inclusive and equitable church and society. It calls us to **ACT** by creating compelling **A**spirations to end the sin of racism, deepening **C**omprehension and understanding of racism and how to end racism by living and acting differently, and **T**ransform our beliefs, values, policies, actions to be a more racially just, inclusive and equitable church and society.

A Journey of Hope calls us to an urgent and spiritual journey and our destination is the transformation of minds, hearts, actions and systems so that we eliminate the sin of racism in GNJ. **Starting in January 2021 and ensured by January 2022, all grants to congregations (and GNJ supported Hope Centers and organizations) must have A Journey of Hope Plan that is appropriate to their context. The plan will address your resources, leadership, services, policies and procedures, and how you invest in leadership and your community**. **While you do not have to submit a Journey of Hope plan prior to or with the 2020 Congregational Development Grant application, you will be asked to commit to submitting a Journey of Hope Plan in 2021.** A guide for developing A Journey of Hope plan and guidelines will be available on the GNJ Webpage in the weeks to come.

A church or group of churches should only submit one grant application to cover all their grant requests.

The application is designed to be completed electronically. **The application and supporting documents must be submitted in PDF format.** Only applications submitted in this format will be considered. If you need assistance in creating a pdf go to: <http://www.wikihow.com/Convert-a-Microsoft-Word-Document-to-PDF-Format>.

**THE FOLLOWING CRITERIA APPLY:**

* Ministry program must align with the purpose outlined above
* Grants are awarded for one year at a time
* Organizations receiving grants must submit the following:
  + - A copy of their Safe Sanctuaries Certification
    - Church current YTD Financial Report (Income/Expenses)
    - Most recent Fund Balance Report
* Must commit to submit a completed Journey of Hope Plan in 2021
* Must be committed to be a racially just, inclusive and equitable congregation and demonstrate being just, inclusive and equitable in one or more of the following areas: women in leadership, disability access, LGBTQ inclusion or ministries with low income persons in rural, urban and suburban areas.
* Subsequent grants in following years must demonstrate progress in all areas of A Journey of Hope Plan.

Applications must be received by **December 15, 2020**. Incomplete or late applications will not be considered. Submit the following application and address all questions to [grants@gnjumc.org](mailto:grants@gnjumc.org)

**Fall 2020 Grant Application** – **Due December 15, 2020**

To input your information, click on the *dark gray* areas within the highlighted areas and begin typing. Please complete all gray highlighted areas. Responses must fit in the box and space provided.

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| Church Name: |  | **Church ID number:** |  |
| Church Address: |  | District: |  |
| Pastor: |  | Email: |  |
| Church Council Chair: |  | Email: |  |
| Staff Parish Chair: |  | Email: |  |
| Name of project: |  | Website: |  |
| Start date for program: |  | $ Total Amount being requested |  |

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| 1. Please indicate the type of congregational ministry this request will support. Check all that apply. | Amount Requested Breakdown the amounts  if applying for more than one area. |
| Starting a new worship service |  |
| Starting or strengthening a children or youth ministry |  |
| Starting or strengthening a small group ministry |  |
| Starting or strengthening a mission ministry in the community |  |
| Expanding or strengthening another present ministry |  |
| Starting, strengthening or expanding a cooperative parish. |  |
| Leadership Development |  |
| Appointment of an additional clergy person |  |
| Equitable or  Supplemental Salary |  |
| **Total $ Amount Requested** |  |

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| **2. Describe the ministry for which you are seeking funding (what, why, who, when, where)** | | | | | | | | | | |
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| **3. How will this project/grant encourage or continue innovative ministry that connects with people in the community to engage in justice and mercy ministries and transform the world? What are ways your congregation is working to end racism?** | | | | | | | | | | |
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| **4. How will this project/grant develop lay and clergy leadership for making disciples and transforming the world?** | | | | | | | | | | |
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| **5. How will this project/grant help you grow the vitality of your congregation?** | | | | | | | | | | |
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| **6. Please list your S.M.A.R.T. goals for the grant year for the ministry program for which you are seeking funding. Make sure to specify how you will measure your success for each goal and evaluate your strategies.** | | | | | | | | | | |
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| **7. If you have received grants for this program before, please list the goals of the ministry program you proposed before and share a brief evaluation of the outcomes.** | | | | | | | | | | |
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| 8. How will you share your results and learnings with your congregation, and other congregations or groups involved in this ministry? | | | | | | | | | | |
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| 9. How is this ministry expected to be sustained in future years? | | | | | | | | | | |
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| 10. Use the space below to outline a budget for how you will allocate the requested funds. Include the sources of income that will support the ministry and the expense lines that will be associated with the program. Use only those lines applicable to your program (Income and Expenses amounts should be balanced). | | | | | | | | | | |
| INCOME | | Amount | | EXPENSES | | | | Amount | | |
| GNJ Fall 2020 Grant(Amount Requested) | |  | | Clergy Support | | | | | | |
| Local Church Contribution | |  | | Clergy Salary | | | |  | | |
| GNJ Community Outreach Grant (Hope Center) | |  | | Clergy Pension | | | |  | | |
| Other Grants | |  | | Clergy Health | | | |  | | |
| Donations | |  | | Clergy Reimbursable Accounts | | | |  | | |
| Fund Raising | |  | |  | | | |  | | |
| Scholarships | |  | | Ministry Program Expenses | | | | | | |
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| TOTAL INCOME | |  | | TOTAL EXPENSES | | | |  | | |
| Income and Expenses amounts should be balanced. | | | | | | | | | | |
| If applicable, please enter the funds you will be requesting to support this initiative in the subsequent years. | | | | | | | | | | |
| Fall 2021 | | | | | | | |  | | |
| Fall 2022 | | | | | | | |  | | |
| **11. Please provide the following information. If this request is for several churches, add the totals for the congregations and list the combined total for each area.** | | | | | | | | | |
| Please list all the churches included in these totals: | | | | |  | | | | |
|  | | | | | | | | | |
| VITALITY GOALS | | | | | | | | | |
|  | 2021 | | **2022** | | | 2023 | 2024 | | 2025 |
| **Average weekly worship attendance** |  | |  | | |  |  | |  |
| **Professions of Faith** |  | |  | | |  |  | |  |
| **Number of disciples in small groups** |  | |  | | |  |  | |  |
| **Number of disciples engaged in mission** |  | |  | | |  |  | |  |
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| **Total money spent each year on mission** |  | |  | | |  |  | |  |
| **Total church operational expenses (including staff)** |  | |  | | |  |  | |  |
| **12. In addition to your vitality goals, are there additional goals you have for your ministry? If so, please list the top 3.** | | | | | | | | | |
| **Goal 1:** | | | | | | | | | |
| **Goal 2:** | | | | | | | | | |
| **Goal 3:** | | | | | | | | | |

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| By checking the boxes below, you confirm the following:By checking the boxes below, you confirm the following:DatesDetailsAmount | | |
| Your Church has a Safe Sanctuaries Certificate of Compliance | | |
| Church current YTD Financial Report (Income/Expenses) is attached. | | |
| Most recent Fund Balance Report is attached. | | |
| We understand that this is a one (1) year grant and that consideration for funding in subsequent years is dependent on:  - Implementing our program,  - Achieving our goals,  - Submitting requested reports on time,  - Participating in the \**Vital Signs Dashboard* web reporting,  - Submitting an updated application in the next grant cycle,  - and availability of funds.  \*For more information on the *Vital Signs Dashboard*, visit online: <https://www.gnjumc.org/team-vital/19554-2> | | |
| Provide Required Signatures (Applications will not be considered unless all signatures are included. Securing these signatures and submission of the application by the deadline is the responsibility of the applicant) | | |
| Person completing the application (Print Name) | |  |
| Signature of person completing the application | |  |
| Finance Chair (Print Name) | |  |
| Finance Chair’s Signature | |  |
| Treasurer (Print Name) | |  |
| Treasurer’s Signature | |  |
| Staff Parish, Chair (Print Name) | |  |
| Staff Parish, Chair’s Signature | |  |
| Church Council, Chair (Print Name) | |  |
| Church Council, Chair’s Signature | |  |
| Lead Pastor (Print Name) | |  |
| Lead Pastor’s Signature | |  |
| Date of Submission: |  | |