

*Vision Statement: Empowering local churches to thrive.*

*Mission Statement: Resourcing local churches to understand community opportunities to launch and revitalize ministries.*

**CONGREGATIONAL DEVELOPMENT CORPORATION  
OF THE PENINSULA-DELAWARE CONFERENCE**

**CDC GRANT APPLICATION**

This application form must be completed thoroughly for full consideration by the Congregational Development Corporation. **Please use this form.** The application must include **all** requested documents and must bear **all** requested signatures. A checklist appears below for your convenience. **Requests should be mailed so that they are received by the Corporation chair no later than one of the following deadlines: March 15 or August 15. Once we receive your complete application, you will be notified of your interview date. Please be prepared to present your request to the CDC members. Also, please be aware that we will require mid-year and end-of-project reports. We will work with you on the format.**

**CHECKLIST**

**Required Documents:**

- \_\_\_ Complete project plan (include drawing, if applicable)
- \_\_\_ Attach a detailed line-item budget for the project
- \_\_\_ Current and previous years' budgets, income and expense statements, and balance sheets
- \_\_\_ Pastor's written summary and recommendation of the proposed project
- \_\_\_ District Superintendent's written recommendation of proposed project

**Required Signatures on Signature Page:**

- \_\_\_ Administrative Board/Council Chair
- \_\_\_ Finance Chair
- \_\_\_ District Superintendent

**(If Building Renovation is involved)**

- \_\_\_ Church Trustee Chair
- \_\_\_ District Board of Church Location & Building Chair

**Mail the completed application to:**

Peninsula-Delaware Conference  
139 N. State Street  
Dover, DE 19901  
Attention: CDC Application

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## CDC APPLICATION

### GENERAL INFORMATION

1. Name of Church/Charge: \_\_\_\_\_
2. Pastor's Name(s): \_\_\_\_\_
3. Pastor's Contact Information:  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_
4. Project/Ministry Contact Person:  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_
5. Grant Amount Requested: \$ \_\_\_\_\_

### MINISTRY

6. What is your church's mission? How does this project help your congregation accomplish your mission?
7. Give a summary of the proposed project.
8. What is the fruit you expect the project to bear and how will you evaluate it? What are your expected specific, measurable outcomes?
9. Summarize the budget request and attach a detailed line-item project budget.
10. What is the congregation's financial contribution toward the project? What is the congregation's volunteer hour commitment to the project (i.e. sweat equity)?

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11. What lay leadership will support the project and how have they been equipped to lead it?

12. If your project involves facility renovation, how is the current facility insufficient to meet the need of current and planned ministry? Please also attach a complete project plan and drawing.

**MINISTRY DEMOGRAPHICS**

13. CHURCH STATISTICS

	<u>THIS YEAR</u>	<u>LAST YEAR</u>	<u>TWO YEARS AGO</u>
Church Membership	_____	_____	_____
Average Worship Attendance	_____	_____	_____
Estimated Active Participants	_____	_____	_____
Number of Baptisms	_____	_____	_____
Number of Professions of Faith	_____	_____	_____

14. Describe generally the population of the church membership, i.e., rural/suburban/urban, socio-economic status, professionals, blue-collar workers, youth, retirees, single parents, etc. How does your church's population compare to the Mission Insite description of your community? How does your project help you bridge the gap between your local church and your community?

15. Describe the project's target audience. How does your project address their opportunities? What does Mission Insite tell you about the MOSAIC categories of your local community and how well does that align with your target audience?

**FINANCIAL ASSESSMENT**

16. What percentage of your church's income budget comes from:

- a) Tithes and offerings? % \_\_\_\_\_
- b) Special fund-raisers? % \_\_\_\_\_
- c) Interest from savings and investments? % \_\_\_\_\_
- d) Other? (please describe below) % \_\_\_\_\_

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## **SIGNATURE PAGE**

*All signatures are required. Your signature affirms your recommendation of the project.*

*This page must be printed and signed. Digital signatures will not be accepted.*

### **CHAIR, CHURCH ADMINISTRATIVE COUNCIL/BOARD**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

### **CHAIR, CHURCH FINANCE COMMITTEE**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

### **PASTOR**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

### **DISTRICT SUPERINTENDENT**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

*If project involves building renovation, please include the following:*

### **TRUSTEE CHAIR**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

### **DISTRICT BOARD OF CHURCH LOCATION AND BUILDING CHAIR**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

### ***Office Use Only***

Date plan approved: \_\_\_\_\_

Date of site visit: \_\_\_\_\_

Date Application Received: \_\_\_\_\_

CDC Member Assigned: \_\_\_\_\_