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| Application for Technology Support Grant | CongregationsCommunity Ministries |

*Please refer to our website for policy:*[*www.united-church.ca/leadership/church-administration/capital-assistance-programs*](http://www.united-church.ca/leadership/church-administration/capital-assistance-programs)*.*

* Maximum grant amount for up to $1,500 matching grant per application. Grants are reserved for modest-income congregations and ministries with unrestricted funds of less than $37,500.
* Applications are to be approved by your regional council before the Financial Support Group (FSG) can consider you for funding. Keep a copy of this application for your records.
* Supporting documents must accompany your application:
  + Financial Statements (Income Statement, Budget sheet, etc)
  + Brief description of the project
  + Quotes and estimates
  + Charitable Status printout

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| **Applicant’s Contact Information** | | | |
| Pastoral charge | # of preaching points # | | |
| Name of applying congregation or community ministry | Name: | | |
| Mailing address: | | |
| City: | Province: | Postal code: |
| Contact person: | Phone: | |
| E-mail: | |
| Charitable Status No. | | |
| Regional council: | | | |

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| **Financial Plan for Equipment** | | |
| Total cost | $ | Have you received a Technology Support Grant in the past?  **yes**  **no**  Approval date (mm/yy)  Approval amount $  Amount drawn to date $ |
| Cash on hand | $ |
| **Grant amount** | **$** |
| Balance | $ |
| Restricted Funds: $      Unrestricted Funds: $ | | |
| Have you purchased the technology?  **yes**  **no**  What equipment will be purchased?  Comments: | | |

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| **Local Mission Unit Action** | |
| It was moved by and seconded by  and carried that the trustees/board of  be authorized to make application to Finance (FIN) for a Technology Grant of $ \_\_\_\_, and to apply to regional council for formal approval. | |
| *Date of meeting* | *Signature of Chairperson or Secretary* |

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| **Regional Council Action** (if applicable) | |
| The foregoing application was duly considered at a meeting of  Regional Council and approved. | |
| *Date of meeting* | *Signature of Secretary of Regional Council* |