**“Violet’s Garden”**

The Bishop Violet Fisher Grants for Children’s and Youth Ministries

Upper New York Area Advance Special #3075

**GRANT GUIDELINES AND APPLICATION FORM for May 1, 2016**

**Section I**

The need to foster spiritual growth in and with our children and youth is of paramount importance to the congregations of the Upper New York Area. In honor of Bishop Violet Fisher’s love and concern for children and youth, this Advance Special #3075 was established in the former NCNY Conference to celebrate the Bishop’s life and ministry among us; and to continue her legacy of spiritually nurturing children and youth at the 2008 NCNY Annual Conference Session.

**A. Purpose of the grants**: To provide grants/funds to promote spiritual growth and faith based experiences for children and youth in local church settings; to build disciples of Jesus Christ.

**B. Range of individual grants: up to $2000**. The total of the grants awarded by the Task Force during any grant period may not exceed $2500.00. Applications due May 1, 2016 for ministries with start-up dates within the 2016 calendar year. **Grants are not renewable**.

**C. Funding criteria: The proposal must demonstrate**:

1. That the ministry/program/experience for spiritual growth is local church based and

faith based

2. How it directly benefits children / youth (defined as infant through high school)

3. A need for such a ministry/program/event

4. A commitment of the local congregation and/or community to the ministry

5. And provide an assessment of gifts (spiritual, financial, and organizational) of the

congregation/community to carry through on the proposal.

6. Measurable outcomes; (how will you know if the children/youth have grown

spiritually?)

**D. Also to be included**:

1. An itemized income and expense report and add other sources of funding

(include time, materials or other sponsors).

2. An evaluation process to show how you are going to evaluate the outcomes

and monitor the program’s progress.

**E. Grant recipients must report back to the Task Force within six months**\* of the

awarded date, the effect of the ministry/program/event including, but not limited to:

1. The number of children/youth reached (for information, more than for a “rating” of

the ministry’s “success”)

2. The measurable spiritual /faith outcomes achieved. We are looking for documented

change. (You may provide anecdotal measurements to support charted growth.)

3. How the local church will continue to “build” on this faith experience for and with

children/youth.

(\*Ministries with a longer life-span than six months will be asked to send in subsequent report updates every three months, and provide a cumulative outcomes summary at the end of one year.)

**F. Applications must be typewritten/word processed**. No more than five pages in total

(including financial report). Please carefully review the application. We appreciate numbered pages, and each page identified with the church and ministry name. Faxes and emails of proposals are permitted.

**G. Application deadline(s):** Applications are to be submitted beginning April 1 for May 1 for ministries with summer and fall start-up dates) and submitted beginning October 1 for November 1 for ministries with winter and spring start-up dates. The Task Force will NOT consider proposals that fall outside these time frames. The Grant Cover Sheet must be completed with the requested information and signatures and submitted with the grant proposal.

**H. Notification: within 15- 30 days of submission deadline**.

**I. Proposals should be directed to:** Rev. Joellyn Tuttle, Skaneateles United Methodist Church, 26 Jordan St., Skaneateles, NY 13152

Phone: 315-685-5963 E mail: [jrwtuttle@gmail.com](mailto:jrwtuttle@gmail.com)

**Section II - Please provide a summary of the proposed ministry/experience/event**

(This will be your cover letter.) Please create in bulleted rather than narrative form. To save you time, we suggest that you wait until after completing the rest of the proposal to develop this section. We encourage you to limit this to one page or less. It should be a brief synopsis.

A. 1. Ministry/program/event name

2. One sentence summary of the ministry/program/event.

B. For this request, summarize:

1. Why (community need)

2. Who and how many (target population, including age, gender, ethnicity, other

relevant information)

3. What the children/youth will do/learn/experience

4. When (time frame)

5. Where (location of the work)

C. What do you hope to spiritually accomplish (outcomes)?

D. State the total cost of this effort, and the amount requested from this fund.

**Section III - The application must also include responses to all of the following, keeping**

**in mind the Grant’s Purpose statement in Section I, A:**

A. How are you, as a congregation, called spiritually to this ministry?

B. Describe why this ministry/experience/event is needed to enhance the faith lives of

children and/or youth.

C. Describe how this ministry/experience/event is in line with your congregation’s

vision/mission statements. How will this ministry/experience/event be built upon by

your congregation to further the faith lives of children/youth?

D. How will your project reflect a commitment to addressing root causes of problems facing

children and/or youth. How will advocacy be integrated into the experience?

The application may want to demonstrate partnership with other United Methodist bodies, with community and ecumenical organizations, and/or with urban or rural ministries.

The Grant Task Force reserves the right to ask for more information and/or matching funds based on ministry impact and overall cost requirements for the ministry in achieving outcomes.

**Section IV – A Cumulative Outcomes Summary Report from those receiving a Violet’s Garden Grant** is due within six months of the start-up date, is to be sent to the Violet’s Garden Task Force c/o:

Rev. Joellyn Tuttle, Skaneateles UMC, 26 Jordan St., Skaneateles, NY 13152

E mail: [jrwtuttle@gmail.com](mailto:jrwtuttle@gmail.com)

Please demonstrate and/or document the following four areas:

1. Number of youth participants’, their age ranges and volunteers involved (including the

number of hours per week during the program length).

2. The spiritual growth of the participating children/youth.

3. The impact of the program on your local church.

4. The impact of the program on your surrounding community.

(Photo documentation is welcome; provided the appropriate photo releases have been signed by those in the picture/video.) We look forward to reporting the fruits of your experience to the entire Upper New York Area.

“VIOLET’S GARDEN” GRANT APPLICATION COVER SHEET

UPPER NEW YORK AREA ADVANCE NUMBER: #3075

For Grant Period: (Circle ONE) May 1 Nov 1 Amount requested $\_\_\_\_\_\_\_\_\_\_

Name of Local Church \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_

Church Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church’s e-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person Responsible for

Proposal Implementation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of person responsible for implementation

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of pastor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of chair of Administrative Council or equivalent

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FOR TASK FORCE USE: Date received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by (initials)\_\_\_\_\_\_\_\_