**Thriving Together**

A program to support and encourage pastors in times of transition.

Funded by a Lilly Endowment Inc. Grant

### **Mentoring Group Plan**

*Important notes before you start.* Start by carefully reading the “[Plug & Play Guide to Mentoring Groups](https://docs.google.com/document/d/1lV7h5Q24-qS96RbSadVkZhpEX9gFE5DIfhdA3fCO0jY/edit)”. This is a must! Then, prepare this plan together with all of your group members and your facilitator. If you don’t have a facilitator yet, please contact our [office](mailto:lvanharten@crcna.org) (Pastor Church Resources - PCR) so we can connect you with one. The facilitator must be part of the planning stage.

It’s important that the [*Mentoring Overview*](https://www.crcna.org/pcr/mentoring-groups-program/overview-mentoring-groups-program-0) document is read before working on the application as there are a number of things that need to take into consideration. We encourage you to connect with PCR staff as you craft your application. We have wisdom and helpful tips that will make the process easier for you. We’re here to assist you in preparing a “great” application/plan.

Once the application is ready to be submitted, the facilitator will send it to PCR for review. Applications may be submitted at any time. We’ll contact you once our team has had a chance to review your application. (Our hope is that the turnaround time is about six weeks.) The first grant check will be sent to the group treasurer once the plan has been approved/processed by PCR.

1. **The Group.**
2. Name of group.

* *Your choice of descriptive word or phrase.*

b. Group member’s information.

* *Ordinarily, group members will be active, CRC, ordained, parish pastors. Groups will have 4 to 6 members + the facilitator. Please list names in alphabetical order - by first name.* ***Bold name of facilitator.***

**NAME CHURCH NAME CITY,STATE/PROV**. **CLASSIS**

c. Ministry transition to be explored.

* *Bold selected transition.*

Exploring Transition Second Call Later Career

**3. The Plan.**

a. In a few sentences, share the group’s overall plan.

b. List 3 - 5 desired outcomes.

c. What is the yearlong meeting schedule and nature of group activities?

* *Include dates - month only is fine.*
* *Groups are required to meet a minimum of eight times: at least twice face-to-face. The first face-to-face meeting should be very early in your year together and the second should be your final meeting. (Any meetings held to create the application do not count as required meetings.)*
* *Ideally, face-to-face meetings are 2 days and 2 nights. Spouses, if group members are married, are encouraged to participate in one of the face-to-face meetings.*

**4. The Budget.**

Maximum grant amount is $10,000 USD*.*

* *Refer to the* [*program overview*](https://www.crcna.org/pcr/mentoring-groups-program/overview-mentoring-groups-program-0) *prior to completing the budget so you’re aware of what is, and isn’t,*

*fundable.*

* *The facilitator’s stipend ($2,500 USD) is not part of the grant request. This will be paid by PCR.*
* *Create a budget, with sufficient detail, that indicates how the requested funds will be used.*

What is the total cost for the group’s activities?

**What is the amount requested from PCR?**

*Maximum grant amount is $10,000 USD.*

*The grant is not to be used to cover personal expenses, the purchase of any equipment, or any administrative expenses associated with this mentoring group.*

*The grant period is one year - any 12-month period the group chooses. A mentoring group may only receive one grant between January 2019 and December 2024.*

**5. The Facilitator.**

*(The group facilitator must be a CRC pastor and complete a Birkman Assessment prior to the group beginning*

*to meet.)*

1. Name

Position

Birkman Assessment completed on:

Preferred email address

b. Church name

Address

Phone

Email

c. What experience has the facilitator had in this particular transition?

(*Not required but is an asset.)*

**6. The Treasurer.**

*(The facilitator may not be the treasurer.)*

a. Name

Position

Preferred email address

b. Church name

Address

Phone

Email

*When completed send to:*

Lis Van Harten - PCR Co-director

[*lvanharten*@crcna.org](mailto:lvanharten@crcna.org)

***We work with electronic documents. Please send us your proposal as a Word document - not a PDF.***

**\* Receipt of proposal will be acknowledged with an email to the facilitator. If he/she doesn’t receive**

**acknowledgement within 48 hours, please call our office. (1-877-279-9994 X2805 – toll free)**

***Pastor Church Resources will send notice to applicants, concerning grants awarded, within six weeks of receiving a completed application.***