**Thriving Together**

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

Funded by a Lilly Endowment Inc. Grant

### **Mentoring Groups Program Grant Application Form**

**(Submit by May 1 or November 1) \***

**1. The *Mentoring Groups Program* overview document (found on the PCR website**[**www.crcna.org/pcr**](http://www.crcna.org/pcr) **)**

 **has been read by the facilitator and the treasurer.**

* *Read this before you complete the application form.*

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 Date facilitator read overview document Date treasurer read overview document

**2. Proposed mentoring group.**

1. 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 correct one.*

Exploring Transition Second Call Later Career

d. What does *Thriving Together* mean to you as a group?

**3. The group’s plan.**

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

b. Why are you taking this approach?

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: four times face-to-face. We encourage you to have your first meeting a face-to-face meeting. The first retreat (see i below) should be very early in your year together. Retreats and attending a continuing education event are considered face-to-face meetings.*

d. How will the group’s activities foster wellbeing in its members as they explore their ministry

 transition?

e. List the *group’s* goals? Include at least one spiritual formation goal.

f. When will the group members establish *individual* goals for personal development and

 wellbeing?

g. How will the group members hold one another accountable for both personal and group

 goals?

h. Which continuing education event will be attended?

* *Attending an event is optional but encouraged.*
* *If attending an event, provide information on it. Include website whenever possible.*
* *Ordinarily, funds requested for a continuing education event will account for 50% or less of the total amount requested. Exceptions will be considered. If an exception is requested, please state the rationale as to why the costs are higher than 50% of the budget.*

 How will this event benefit the group members?

i. Describe the retreat the group will experience.

* *Groups are required to retreat together for a minimum of 2 days and 2 nights. Spouses, if group members are married, are encouraged to participate in the retreat.*

 How will this event benefit the group members?

 How will this event benefit the spouses - if they’re participating?

**4. The budget.**

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

* *Refer to the overview document prior to completing the budget so you’re aware of what is, and isn’t, fundable.*
* *The facilitator’s stipend ($2,500) 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.*

*For example: Retreat: $700 - isn’t enough detail.*

 *Retreat: $250 for retreat center rental; $200 for speaker; $150 for food; $50 for books; $50 for mileage - is*

 *enough detail.*

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 group facilitator.**

 *(The group facilitator must be a CRC pastor.)*

1. Name

Position

Preferred email address

b. Institution name

Address

Phone

Email

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

 (*Not required but is an asset.)*

**6. The group treasurer.**

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

 a. Name

Position

Preferred email address

 b. Institution name

Address

Phone

Email

*When completed send to:*

Lis Van Harten – PCR Co-director

 *lvanharten*@crcna.org

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

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

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

***Pastor Church Resources will send notice to applicants by June 1 and December 1 concerning grants awarded.***