**Unitarian Universalist Ministers of Canada**

**And**

**Canadian Unitarian Council**

**Northern Lights Grants Program**

*“Generosity Transforming Canadian UU Congregations”*

**APPLICATION FOR**

**NORTHERN LIGHTS CHALICE LIGHTER GRANT[[1]](#footnote-1)**

**Congregation/Organization:**

**Mailing Address:**

**City: Province: Postal Code:**

**Contact Person:**

**Phone: Email:**

We apply for a Northern Lights Chalice Lighter grant to contribute to the growth/ transformation of Unitarian Universalism in Canada as described in the application below.

**1. PROJECT DESCRIPTION**

**A. Proposed Project**

Please describe succinctly the specifics of you proposed project. Highlight the points for the Selection Panel to be inspired by your project.

**B. Growth Plan**

Attach a copy of your growth plan. Describe how the proposed project implements that plan. Describe the potential effect on the growth of Unitarian Universalism through the project.

**C. Project Financials**

Include:

* The proposed project budget
* List the local resources, including loans, matching funds, fundraising income, etc. that are available from your congregation or other agencies to help with the project.
* Given that the amount of the grant is dependent upon the generosity of individual Northern Light participants, outline your project’s financial options if the call results in more than budgeted for or less than budgeted for amounts from Northern Lights.

**Congregational applicants complete Section D. Applicants other than Congregations complete Section E.**

**D. Congregational Application**

D1. Congregational Information

Name of Congregation:

Address:

Contact Information:

Phone: Email: Website:

Application Contact Person Name:

Phone: Email:

D2. Membership

A. Adult voting members B. Average Sunday attendance

Current \_\_\_\_\_\_ Current \_\_\_\_\_\_

1 year ago \_\_\_\_\_ 1 year ago \_\_\_\_\_\_

3 years ago \_\_\_\_\_ 3 years ago \_\_\_\_\_\_

5 years ago \_\_\_\_\_ 5 years ago \_\_\_\_\_\_

D3. Religious Education

A. Number of children enrolled B. Average attendance

Current \_\_\_\_\_\_ Current \_\_\_\_\_\_

1 year ago \_\_\_\_\_ 1 year ago \_\_\_\_\_

3 years ago \_\_\_\_\_ 3 years ago \_\_\_\_\_

5 years ago \_\_\_\_\_ 5 years ago \_\_\_\_\_

C. Number of classes \_\_\_\_\_

D. Do you have a youth group? \_\_\_\_\_\_\_\_\_ Number served \_\_\_\_\_\_\_\_\_\_\_\_\_\_

E. Do you offer child care? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D4. Organizational Structure

A. Number on governing board \_\_\_\_\_\_\_\_\_\_\_\_ Length of term \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. Lay leader (officer) positions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

C. Standing Committees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

D5. Minister(s) and Staff

Attach a roster of minister(s) and staff, including name, title, whether full- or part-time, and contact phone number. A letter of support from the Minister would be useful.

D6. Congregational Finance

A. Please attach a copy of your current budget.

How many pledging units this year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. Historical data:

Category Last year 3 years ago 5 years ago

Total expenditures \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Pledge income \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Investment income \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Other Income \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Pledging units \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

D7. Congregational Meeting Place

A. On a separate sheet, describe building, grounds, parking, signs, and location within community. Attach photos or maps if that helps. If project involves a new building at a new site, describe the new site and include information on building plans.

B. Owned or rented? \_\_\_\_­­­\_\_\_\_\_\_ Monthly rent or loan payment \_\_\_\_\_\_\_\_\_\_\_\_\_\_

C. Current Principal Balance on loan \_\_\_\_\_\_\_\_\_\_\_\_\_

D. How long have you met at this location? \_\_\_\_\_\_\_\_\_\_\_

E. Age of building \_\_\_\_\_\_\_\_\_\_\_\_

D8. Other information

A. Chalice Lighter grantees must have and maintain status with the Canadian Unitarian Council. Are you a CUC member congregation in good standing which is entitled to vote at the CUC’s Annual General Meeting? Yes \_\_\_\_\_\_ No \_\_\_\_\_

B. Chalice Lighter grantees must have and maintain at least 20% of membership enrolled in the Chalice Lighter program. Have you met this requirement? Yes \_\_\_\_\_\_ No \_\_\_\_\_

C. This request was approved by the congregation’s Board of Trustees in a meeting held on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Provide the actual wording of the motion.

D. The congregation has designated the following person to be liaison for this grant:

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

Title (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (day): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (eve.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E. Prepared by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**We understand and agree that:**

* **when awarded a Northern Light Chalice Lighter grant we will need to provide full accounting to the Northern Lights Admin Committee of all monies received (amounts and from whom) within three (3) months of the call letter being issued. We also understand that we will remit 3% of the total amount received to the Canadian Unitarian Council along with the full accounting report.**
* **we will provide thank you notes and tax receipts to all contributors.**
* **a full report of the success of the project will be prepared upon completion or annually depending on the scope of the project.**
* **this project may be publicized as part of the ongoing promotion of the Northern Lights Chalice Lighter Program.**

**Project Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name**

Please notify the Northern Lights Admin Team immediately at [northernlights@cuc.ca](mailto:northernlights@cuc.ca) of any contact or other information changes. The Northern Lights Chalice Lighter coordinator will contact your Project Contact Person upon receipt of the application to confirm the application is complete or notify you of additional information required. All completed applications will be forwarded to the Northern Lights Chalice Lighter Grants Award Committee for consideration.

**Please send completed applications to** [**northernlights@cuc.ca**](mailto:northernlights@cuc.ca) **E. Community Application (complete Sections A & B)**

Community applications can only be made by CUC members (with membership through congregational affiliation or as Members at Large). Applicants are urged to read through the Congregational portion of this application and respond to as many questions as might be relevant.

E1. Community Information

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application Contact Person:

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Members of the Community Application Team and their CUC affiliation (list all).

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E2. Organizational Structure

A. Please outline your organizational structure

B. Leadership positions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

C. How are decisions made: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E3. Reporting Agency Relationship

1. Describe the relationship with the agency that will be issuing tax receipts
2. What is the agency’s U\*U connection
3. What is your accountability to the agency
4. Contact person at the agency

E3. Other information

A. Chalice Lighter grantees must have and maintain relationship with the CUC. What is your community/organization’s affiliation with the CUC?

B. Chalice Lighter grantees must

* sponsoring agency if a congregation(s) have and maintain at least 20% of membership enrolled in the Chalice Lighter program.
* All individual members of the Community Application Team are all Chalice Lighters
* Have you met this requirement? \_\_\_\_\_\_

C. This request was approved by the sponsoring agency’s Board of Trustees in a meeting held \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Include wording of the motion.

D. The sponsoring agency has designated the following person to be liaison for this grant: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone (day) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (eve.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

We understand and agree that:

* when awarded a Northern Light Chalice Lighter grant we will need to provide full accounting to the Northern Lights Admin Committee of all monies received (amounts and from whom) within three (3) months of the call letter being issued. We also understand that we will remit 3% of the total amount received to the Northern Lights Admin Committee along with the full accounting report.
* we will provide thank you notes and tax receipts to all contributors.
* that a full report of the success of the project will be prepared upon completion or annually depending on the scope of the project.
* this project to be publicized by the CUC as part of the ongoing promotion of the Northern Lights Chalice Lighter Program.

**Project Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name**

Please notify the Northern Lights Admin Team immediately at [northernlights@cuc.ca](mailto:northernlights@cuc.ca) of any contact or other information changes. The Northern Lights Chalice Lighter coordinator will contact your Project Contact Person upon receipt of the application to confirm the application is complete or notify you of additional information required. All completed applications will be forwarded to the Northern Lights Chalice Lighter Grants Award Committee for consideration.

**Please send completed applications to** [**northernlights@cuc.ca**](mailto:northernlights@cuc.ca)

**Northern Lights**

**Annual Timeline for Grant Applications & Reporting**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Applications Due | NL Panel Review | Recipient notified | Call letter submit for review | Call letter sent | Report of contributions | Report due |
| Mar 31 | Apr 1 - 15 | By Apr 30 | May 30 | Jun 30 | Sep 30 | Apr 30 |

1. Please note the following changes to the application deadlines as of January 2017:

   1. The deadline for applications for a Northern Lights grant will now be once a year, on March 31. In the past, there were two deadlines, Jan. 15 and Sept. 15.
   2. Although there is only one deadline a year, up to two projects may be selected from applications received by March 31.
   3. Northern Lights grant sizes will be over $5,000. Sharing Our Faith grants will be $5,000 or less.

   [↑](#footnote-ref-1)