

NORTHERN LIGHTS CHALICE LIGHTER AWARD

Intent to Apply

An 'Intent to Apply' must precede a Northern Lights grant application in order to provide adequate time to assist a congregation in completing its full application which will require a long-range plan. Upon receipt of the 'Intent to Apply' the NL Grants committee will appoint someone to contact you.

Send this 'Intent to Apply' to the Northern Lights Grants Committee at: northernlights@cuc.ca

Application process deadlines are as follows:

Intent to Apply - February 1. Full Application - March 31. Recipient Notified - May 1

Name of UU Congregation or Community

Contact Person _____

Position _____

Address _____

Prov. _____ Postal Code _____

Telephone (H) _____ (W) _____ (C) _____

E-mail _____

We intend to apply for a Northern Lights Chalice Lighter grant to contribute to the growth \ transformation of Unitarian Universalism in Canada. We understand that this requires that 20% of our membership be Chalice Lighters. We understand a NL coach can be assigned to assist us with the process upon request.

Very briefly, our project is:

This Intent to Apply was authorized by the board of trustees on (date)

Form completed by: _____ Date completed _____

NL Grants Team office use: Date received _____

Initial _____

NORTHERN LIGHTS CHALICE LIGHTER AWARD

APPLICATION FORM

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.

Section A - Project Description

On a separate sheet, describe the specifics of your proposed project. Give as much detail as possible for the Grant Selection Panel to be inspired by your project.

Section 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.

Section C - Project Financial:

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 Lights participants, outline your project's financial options if the call results in more than budgeted for or less than budgeted for from Northern Lights.

Congregational applicants, complete Section D.

Applicants other than congregations, complete Section E.

NORTHERN LIGHTS CHALICE LIGHTER AWARD

Section D - Congregational Application

1. Designated Contact Person

Name: _____

Title (if any) _____

Address (if different from above) _____

Phone (day/cell) _____ (eve/cell) _____

Email _____

2. Membership

A. Adult voting members

Current _____

One year ago _____

Three years ago _____

Five years ago _____

B. Average Sunday attendance

Current _____

One year ago _____

Three years ago _____

Five years ago _____

3. Religious Education

A. Number of children/youth enrolled

Current _____

One year ago _____

Three years ago _____

Five years ago _____

B. Average attendance

Current _____

One year ago _____

Three years ago _____

Five years ago _____

C. Do you have a youth group? _____ Number served _____

D. Describe your policy for providing childcare for services/events.

4. Organizational Structure.

A. Number on governing board _____ Length of term _____

B. Lay leader (officer) positions: _____

C. Standing Committees: _____

NORTHERN LIGHTS CHALICE LIGHTER AWARD

5. Minister(s) and Staff.

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

6. Congregational Finance

A. 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	_____	_____	_____

7. Congregational Meeting Place

A. On a separate sheet, describe building, grounds, parking, signs, and location within community. Describe how adequately your meeting place meets your needs. Attach photos or maps if appropriate. 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 _____

8. Other information

A. Congregations who receive Northern Lights awards must have and maintain status with the CUC. Are you a CUC Full Share congregation? _____

B. Congregations receiving awards must have and maintain at least 20% of membership enrolled in the Chalice Lighter program. Have you met this requirement? _____

NORTHERN LIGHTS CHALICE LIGHTER AWARD

- C. This application was approved by the congregation's Board of Trustees in a meeting held _____ . Provide the actual wording of the motion, which should contain an agreement to act as the fiscal agent for this project.

We understand that if chosen as a *Northern Lights* Chalice Lighter awardee, that this project may be publicized as part of the ongoing promotion of the *Northern Lights* Chalice Lighter Program. We agree that we will:

- provide full accounting to the *Northern Lights* Award Selection Panel of all monies received (amounts and from whom) by September 30th of the award year.
- to remit three per-cent of the total amount received to the *Northern Lights* Award Selection Panel along with the full accounting report.
- provide thank you notes and tax receipts to all contributors.
- submit a full report of the success of the project upon completion or annually depending on the scope of the project.

Project Contact Person _____
Signature

Title

Print Name

Date

To request an application consultant, please contact the Northern Lights Award Selection Panel

All completed applications, in electronic form, should be sent to the Northern Lights Award Selection Panel by March 31 for consideration: northernlights@cuc.ca

The Awards Panel will contact your project contact person upon receipt of the application to confirm the application is complete or to notify you of additional information required.

Please notify the Northern Lights Award Selection Panel immediately of any contact information changes at: northernlights@cuc.ca

The Eleanor Gill Ratcliffe and Dr. Phillip Hewett
NORTHERN LIGHTS CHALICE LIGHTER AWARD

Section E - Community Application (complete Sections A, B and C as well)

Community applications can only be made by individuals or groups who are affiliated with CUC congregations. Applicants are urged to read through the congregational portion of this application and respond to as many questions as might be relevant.

1. Community/Organization Information

Name: _____

Mailing Address _____

City _____ Province _____ Postal Code _____

Phone: _____ Email: _____ Website: _____

Designated Contact Person: _____

Title (if any) _____

Address (if different from above) _____

Phone (day/cell) _____ (eve/cell) _____

Email _____

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

1. _____

2. _____

3. _____

4. _____

2. Organizational Structure

A. Please outline your organizational structure (on a separate piece of paper, as necessary)

B. Leadership positions:

NORTHERN LIGHTS CHALICE LIGHTER AWARD

C. How are decisions made:

3. Sponsoring Agency Relationship:

A. Describe the relationship with the agency or congregation that will be your fiscal agent and issue tax receipts:

B. What is the fiscal agent's U*U connection?

C. What is your accountability to the fiscal agent?

D. Fiscal Agent contact person and contact information

4. Other information

A. *Northern Lights* awardees must have and maintain relationship with the CUC. What is your community/organization's affiliation with the CUC or its congregations?

B. *Northern Lights* awardees must meet the following requirements:

- If the fiscal agent is a congregation(s), at least 20% of its membership must be enrolled in the Chalice Lighter program.
- All individual members of the Community Application Team must be *Northern Lights Chalice Lighters*

How have you met this requirement?

NORTHERN LIGHTS CHALICE LIGHTER AWARD

- C. This application was approved by the sponsoring agency's Board of Trustees in a meeting held _____ . Provide the actual wording of the motion, or some other documentation of the sponsoring agency's agreement to act as the fiscal agent for this project.

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