

**Hampden Association of the  
Southern New England Conference of the United Church of Christ**

**VITAL MINISTRY GRANT GUIDELINES**

The purpose of the VITAMIN program is to provide the partnership funding for churches actively engaged in the development of new ministries and projects, and the redevelopment of existing ministries and projects, or any program or project, proposed by the congregation, which by its development would lead to greater vitality and health within the church. These partnership funds are intended to encourage creativity and commitment within the church. Grants are available from the Hampden Association of the United Church of Christ by approval of the Executive Committee of the Association. Each grant shall be \$500.

**VITAMIN FUNDS MAY BE USED FOR:**

- Material resources (Sunday school curriculum, music, printed matter)
- Media resources
- Mission endeavor
- Consultant/training resources
- Ancillary expenses

VITAMIN funds may be used in conjunction with other partnership funds.

**VITAMIN funds may not be used for:**

- Supplement or part of the pastor's compensation or professional expenses, regardless of the pastor's status:
- Payment for services to any member of the church requesting the funds, except for reimbursement of incurred expenses.

**VITAMIN GRANT**

**PROJECT REQUEST FORM**

Name of Project \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

Church \_\_\_\_\_

Address \_\_\_\_\_

Pastor or Moderator \_\_\_\_\_

Name of Project \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_

Please provide the following information, answering on a separate piece of paper, and attach it to this form.

1. What do you plan to do?
2. What is the need you seek to address?
3. How do you plan to do this?
4. Who will be actively involved?
5. What is your total budget for this project?
- 6a. What other ways of funding have you explored for financing this program?
- 6b. Will other money be used in conjunction with this grant?
7. What kind of training and preparation is planned?
8. What is your time frame?
9. How will you know whether you've achieved your goals?
10. How will this activity enhance the health of your church?
11. How will this activity serve the Kingdom of God?

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please return to: Susan Kennedy, Association Treasurer, 11 Western Drive, Longmeadow, MA 01106

Or email to [skennedy1128@gmail.com](mailto:skennedy1128@gmail.com)