

Dorothy Gereke Grant 2016-17 Application

CONTACT INFORMATION

Name of individual completing this application: _____

Address: _____

Address

City

State

Zip

Phone: _____ Email: _____

What is your relationship to the Core Team/Board? _____

TEC COMMUNITY PROFILE

Applicant TEC Community: _____

If awarded, the grant check will be made payable as written above (verbatim)

How many TEC weekends do you offer each year? _____

What are your age requirements for Candidates? _____

Is your community current on its annual affiliation dues? _____

Does your community support and participate in TEC Conference programs?

Stewardship Fee

Hosting/Attending Conference Sponsored Workshops

Attendance at the Congress

Other (please describe) _____

Describe your TEC community. What makes it unique and special? What is the leadership structure/function of your TEC community? How are teams prepared for TEC weekends? What follow-through happens between TEC weekends? What is its relationship to the larger church? What are the challenges facing your community? (please attach your response on separate sheet)

PLAN OF ACTION

Please attach your responses to the following five items:

1. If awarded, how will the funds from the Gereke Grant be spent? What other funds will be used?
2. What is the timeline for putting these grant funds into action?
3. What immediate impact would this award have for your TEC Community?
4. What long term benefit would this award have for your TEC Community?
5. Please provide any additional information which will help us to understand your plans for this award.

CONSENT

Please ask your TEC Community Spiritual Director to express your TEC Community's consent by initialing below:

- _____ Do you understand that the grant funds should be put into action by June 12, 2017?
- _____ Do you understand that a financial accounting must be provided to the TEC Conference by July 1, 2017?
- _____ Do you understand that a description of how the grant funds benefited your TEC Community must be provided to the TEC Conference by July 1, 2017?
- _____ Do you agree that the Gereke Grant, if awarded, must be spent responsibly, frugally and only as described in this application?
- _____ Do you understand that if the plan of action described in this application is cancelled or otherwise cannot be completed, all remaining funds must be returned to the TEC Conference?

FINANCIAL WORKSHEET

Please attach an accounting of your planned expenditures, including, but not limited to the intended use of grant funds. If amounts above and beyond the grant will be needed, please include these figures in your accounting.

CORE TEAM ROSTER/VERIFICATION

In order to verify the support of leadership of your local TEC community, please supply a copy of your Core Team/Board roster or (alternatively) the contact information of four Core Team/Board Members (below). The Spiritual Director of your TEC Community must be among the names supplied. The Conference Grant Committee will verify the support of local TEC Community leaders using this information.

Spiritual Director _____

Address: _____

Address

City

State

Zip

Phone: _____ Email: _____

Name _____

Address: _____

Address

City

State

Zip

Phone: _____ Email: _____

Name _____

Address: _____

Address

City

State

Zip

Phone: _____ Email: _____

Name _____

Address: _____

Address

City

State

Zip

Phone: _____ Email: _____

By October 3, 2016, please send your completed application, with all attachments to:

TEC Conference,
1007 Airline Park Blvd.
Metairie, LA 70003