**DEMD Synod COVID-19 Financial Assistance for Congregations**

*Financially Supporting Churches and Congregations*

*affected by the COVID-19 Pandemic in the Name of Christ*

**FUNDING PRIORITIES**

Special consideration will be given if your church has any of the following current ministries:

* Feeding Ministries
* Homeless Ministries or Support
* Community Outreach Ministries
* Assisting Minority Communities
* Churches that demonstrate creative problem-solving in approaches for ministry in this unprecedented time
* Have potential to be replicated in other congregations or organizations.

**CRITERIA FOR REQUESTS**

The DEMD Synod COVID-19 Financial Assistance for Congregations Team accepts grant requests to support churches with ***emphasis*** on the following needs:

* Payroll Expenses for Staff and Rostered Leaders
* Health and Medical Care Expenses for Staff and Rostered Leaders
* Utility Expenses
* Mortgage Payments
* Ongoing viable and/or vital program expenses
* Other short-term operating expenses

**POLICIES**

Grants are to be viewed as “bridge” financial support that will allow a viable church or congregation to operate in the short-term.

Grants will be given only to not-for-profit, tax-exempt churches and congregations located in the Delaware-Maryland Synod of the Evangelical Lutheran Church in America.

No funds will be granted for endowments.

Grants are given for a limited period. Renewal is based on criteria and a review process determined at the time of the original grant.

Grant Request Acceptance or Renewal is **NOT guaranteed.**

No funds will be given to individuals.

## Delaware-Maryland Synod

##  Short Term Grant Request

The Delaware-Maryland Synod, ELCA is currently considering grant requests. These grants are intended to support the churches within our Synod due to the COVID-19 Pandemic who are experiencing financial hardship at this time.

***We encourage churches to first access the 2020 CARES Act funding and other financial aid where available but if additional financial assistance is needed to apply for these short-term grants.***

For consideration requests must be submitted (mail or electronically). ***Electronic submission is preferred*,** but not required.

Due to the unprecedented nature of these times. Please return ***one*** original copy of your full application and all supporting materials.

You must also submit a **one-page** BRIEF summary of your request.

**Please Send to:**

**The Rev. David C. Shank**

**Assistant to the Bishop for Donor Relations and Development**

**11795 Route 216, Fulton, Maryland 20759**

**Or**

**Please e-mail** **dshank@demdsynod.org**

## Application to the DEMD Synod

## COVID-19 Financial Assistance for Congregations

Date Submitted:

Location:

Name of Church/Congregation:

Address of Church/Congregation:

Phone:

E-Mail:

Web Site:

Church Council President Information

Name:

**Email:**

**Cell Phone/Phone:**

Called/Contracted Rostered Leader Serving the Congregation Information

Name:

**Email:**

**Cell Phone/Phone:**

Federal Tax identification Number of Fiscal Agent (Church/Organization):

Congregation Name & ID Number:

**Contact Information for the Person Completing this Application:**

Title: \_\_\_ Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Rev. \_\_\_ Dr.

Position:

Name:

Address:

**Email:**

**Cell Phone/Phone:**

**GRANT REQUEST: Please make your selection below. Grant will be approved within 30 days of submission, 2020. First distribution of funds will be made promptly after approval. If your situation warrants a different arrangement, please let us know.**

**If additional funds are needed, there may be a possibility for additional review, evaluation, and additional fund distribution.**

**COVID-19 Related Ministry Program Support**

Total request of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (up to $1,500)

Explain any special payment consideration needs:

COVID-19 Related Congregational Ministry Operations Support

Total request of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (up to $5,000)

Explain any special payment consideration needs:

Social Ministry Emergency Relief Support

Total request of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (up to $2,500)

Explain any special payment consideration needs:

REQUEST SUMMARY STATEMENT (No more than 1 page in length) ‑ Provide, in one page, a description of your request, including the name of your Church/organization and what your proposed request will financially assist. Please use the following suggestions to guide your statement.

*If applying for* COVID-19 Related Congregational Ministry Operations Support

* ***Key Question: Will this grant support payroll expenses for Rostered Leaders and other staff and alleviate layoffs and/or elimination of health and other benefits?***
* Why is this need essential currently?
* How does your need meet the criteria to receive this grant?
* How this financial assistance will continue the ministry of Christ to be viable in your congregation?

**PLEASE ANSWER THE FOLLOWING:**

**What other funding/financial assistance have you explored? Mark all applied for.**

\_\_\_\_\_ State of Maryland Small Business Association Aid (Amount Received\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_ State of Delaware Small Business Association Aid (Amount Received\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_ Federal Disaster Assistance Aid (Amount Received\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_ COVID-19 Layoff Aversion Assistance Aid (Amount Received\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_ CARES ACT Loan/Grant (Amount Received\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_ Other (Amount Received\_\_\_\_\_\_\_\_\_\_\_\_)

**SUPPORTING DOCUMENTATION (Required)**

**PLEASE LIST -**

* Amount of Average Weekly Offering and Gifts for calendar year 2019:\_\_\_\_\_\_\_\_\_\_\_\_\_
* Amount of Average Weekly Offering and Gifts during February 2020:\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Amount of Average Weekly Offering and Gifts during March 2020:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Average Worship Attendance of the Church/Congregation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BUDGET** – Describe/Attach the income and expenses anticipated for the current fiscal year of your church/congregation.

**OTHER INFORMATION** – Attach to your proposal the following items:

* A copy of the church’s most recent audited financial statement or annual report.
* The last parochial report submitted 20\_\_\_\_\_.
* A list of all designated and/or restricted funds and the current dollar amounts in each.
* Application with the signatures of **the Rostered Leader currently called and/or serving the church** and the **President of the Church Council**, and the person filling out the application.

**Signed (Church Council President) Print Name Date**

**Signed (Pastor/Rostered Leader) Print Name Date**

**Signed (Person Filling Out Application – if not the above) Print Name Date**

*(If needed 3 separate pages with the individual signatures of each person will be accepted)*