

# The Episcopal Diocese of Montana

## Application for a Venture in Mission - Mission Opportunity (VIM-MO) Grant

Revised: March 2011

Applicant: Prior to consideration of your grant application, the Diocese Council requires the following to be current:

1. Parochial Report
2. Assessments (Annual and/or missioner)
3. Audit

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

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

E-mail address: \_\_\_\_\_

Parish: \_\_\_\_\_ Length of Time in Diocese: \_\_\_\_\_

Describe the ministry you are seeking to develop. Please use another sheet of paper as necessary. \_\_\_\_\_  
\_\_\_\_\_

Location \_\_\_\_\_ Dates \_\_\_\_\_

What population will this ministry serve?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When did you last receive a VIM MO grant? \_\_\_\_\_

Estimated Cost: \$ \_\_\_\_\_

Funds to be used for: *(Please provide a break down – travel, meals, keynote speaker, etc.)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Funds provided by Self \$ \_\_\_\_\_ Parish \$ \_\_\_\_\_

Amount Requested from VIM – MO \$ \_\_\_\_\_  
*(Normally VIM will cover up to 50% of the cost)*

Applicant's Signature \_\_\_\_\_

This proposal was presented to the Vestry on \_\_\_\_\_ and was approved.

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*Rector, Warden, or Clerk Signature and printed name*

Department of Finance Action: Approved/Disapproved.

Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Treasurer Signature \_\_\_\_\_

**Return form to: Episcopal Diocese of Montana, PO Box 2020, Helena MT 59624-2020**

Forms are reviewed by the Finance Department with a recommendation to Diocesan Council. Please contact the diocesan office 800-247-1391 for meeting times.

Applications should reach the diocesan office no later than two weeks prior to the Finance Department meeting in order to be considered.