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**grant Application 2015 Bishop’s Comments And Approval**

***For Companion Diocese/partnership applications, please include one form for each bishop.***

**TYPE OF APPLICATION:**

* Diocese (The Episcopal Church)
* Province (Anglican Communion)
* Companion / formalized relationship/partnership Application

**PROJECT TITLE:**

**DIOCESAN APPLICATION:**

Bishop’s Name:

Address of the Diocese:

Telephone:

Email:

**PROVINCE APPLICATION:**

**Diocese:**

Bishop’s Name:

Address of the Diocese:

Telephone:

Email:

**Province:**

Archbishop or Province Secretary Name:

Address of the Diocese:

Telephone:

Email:

**COMPANION or FORMAL RELATIONSHIP:**

**Sponsoring Diocese and Province (The Episcopal Church):**

Bishop’s Name:

Address of the Diocese:

Telephone:

Email:

**Diocese and Province (Companion/Formal Relationship):**

Partner Bishop’s Name:

Address of the Diocese:

Telephone:

Email:

This project demonstrates involvement by an entity of The Episcopal Church and/or the Anglican Communion.

* Yes
* No

This project shows financial support by an entity of The Episcopal Church and/or the Anglican Communion.

* Yes
* No

This project has been audited according to the Canons of The Episcopal Church and/or The Anglican Communion and found to be in Compliance.

* Yes
* No

This project has been screened within our diocese, according to our internal processes and has been chosen as our application for 2015.

* Yes
* No

**Comments From the Bishop of the Applying Diocese or**

**Province Secretary/Primate of the Province of the Anglican Communion**

1. Identify and describe how this program/project supports the **Fourth Mark of Mission: *to seek to transform unjust structures of society, or to challenge violence of every kind, or to pursue peace and reconciliation*.**
2. **How will it seek to transform unjust structures of society in your diocese or province?**

(3) **What excites you about this program or project?**

(4) **Please list the sources and amounts of financial and in-kind for this project.**

**If none, please explain.**

**Approval Signatures**

***Date Name of Diocesan Bishop Signature of Diocesan Bishop***

**Endorsement**

***Endorsement is required for Anglican Provinces outside of The Episcopal Church.***

This 2015 United Thank Offering Grant Application has the endorsement of the Anglican Province of:

***Date Name of Provincial Secretary/Primate Signature of Provincial Secretary/Primate***

**Accountability Disclaimer**

I agree that ***(Delete and Insert the Name of Implementing Organization)***will use any grant that the United Thank Offering Board (Board) may award in the manner described in this application in compliance with applicable law. I agree to comply with the requirements of the Board and the Domestic and Foreign Missionary Society (DFMS) for accounting and final reporting. Neither the Board nor DFMS shall be liable in any way. I agree to indemnify and hold harmless the Board and DFMS, for any and all loss, claims, expenses and damages arising out of, resulting from or in connection with any actions I take or fail to take or that may be taken or fail to be taken on our behalf, in connection with any such grant and the project(s) described in this application.

*Signature of Bishop Date*

**List of Corporate Officers of the implementing organization:**