

Name of Parish/Parish Cluster/Contact Name

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Address

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Telephone

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E-Mail

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**Application Due: May 6, 2016**

## **2016- PARISH BASED MINISTRY PLAN**

### **Diocese of Kansas City-St. Joseph**

It is our assumption that all areas of ministry are necessary for vibrant parish life. Diocesan offices and agencies are available to serve you in various areas of ministry. The Diocese, also offers financial assistance in two areas of ministry; MINISTRY OF THE WORD (which includes R.C.I.A., religious education and evangelization) and SOCIAL SERVICES (which includes advocacy for the poor, health care and housing). Every parish can apply for funding, but the PBM committee does give preference to parishes with greater need. We ask that your application be limited to these areas.

Please note: THE MORE DETAIL YOU GIVE US THE BETTER WE ARE ABLE TO EVALUATE YOUR REQUEST. Be Specific.

(You just need to fill out the sections that pertain to your request. If you are applying in BOTH categories, please fill out two separate applications. You must use this form.)

1. Name of Project: \_\_\_\_\_
2. Who/How many will Project impact: \_\_\_\_\_
3. We are applying for      Ministry of the Word or      Social Services.
4. How much are you requesting? \$ \_\_\_\_\_
5. Are you a past recipient of funds? (last year funded & dollar amount) \_\_\_\_\_
6. If you received funds last year have you submitted your year-end report? Yes      No

A. Describe the Ministry of the Word project/program in your parish/cluster.

B. Describe the Social Service Ministry project/program in your parish/cluster.

C. Will the implementation of your ministry plan proposal entail the hiring of additional staff?  
Yes      No      hire additional staff. State the responsibility they would assume and/or  
attach a copy of the job description to this form. Please be specific.

D. SUSTAINABILITY - If your project/program includes hiring of staff and/or other new  
expenses how do you plan on continuing to fund these costs in the future with or without  
this grant? What are you doing to create sustainability for this project/program for the  
future?

- E. State three goals that this funding will enable you to accomplish.
- F. Is this a collaborative project? (The committee encourages collaboration among parishes, ministries and other organizations.) If so, share details about the collaboration.
- G. Please attach Minutes/record of the consultative body that approved this proposal (i.e. Minutes of meeting where this position/ministry has been discussed at the parish. This piece is required).
- H. If funding is not granted in 2016, could you carry out this ministry? Yes          No  
If not, describe your alternative plan.

I. Evaluation/Accountability:

What evaluations strategies or measurement techniques will you use to evaluate the success/progress of this project? (i.e. outcomes) If funded you will be required to submit a written report on how your goals have been accomplished to date. Please include specifics on your program: how many people your program will serve, how many youth will be in your program, etc.; if you accomplish all goals of the program. This report will be due March 25, 2017. A reminder will be sent to successful grantees.

I/we understand that availability of funds as well as Guidelines determine Parish Based Ministry Plan allocations.

\_\_\_\_\_  
Signature of pastor

\_\_\_\_\_  
Signature of person submitting application

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Total amount requested for Parish Based Ministry Funding: \$ \_\_\_\_\_

Name of person responsible for this ministry (if known) \_\_\_\_\_

Full time

Part time