

## *Council on Clergy Development*

Board of Ordained Ministry

California-Nevada Annual Conference of The United Methodist Church

### **Guidelines for Application for Circuit Grants, including Caucuses, Groups, Fellowships, and Other Assemblies**

**Purpose:** These grants are designed to support the acquisition of new skills, competencies and/or educational experiences that develop effective practice of ministry.

**Eligibility:** Circuit Grants are available to groups of clergy serving under Episcopal appointment or District Superintendent assignment and are formed into a circuit, caucus, group, fellowship, or other assembly in the proposed year of the continuing education opportunity experience.

#### **Application Procedure:**

- Send the completed application to your District Superintendent.
  
- With the District Superintendent's signature of approval, the request should be forward to the Financial Secretary:  
Rev. Don Lee  
First United Methodist Church  
2100 J Street  
Sacramento, CA 95816  
Phone: 916.446.5025  
Fax: 916.446.3463  
[revdonlee@gmail.com](mailto:revdonlee@gmail.com)

- Read the following important information:

Groups such as circuits, districts, and caucuses may apply for up to \$500.00 per year for continuing education events, retreats, and convocations. Other sources of support will be required [local churches, district funds, etc.] An evaluation of the event will be made to the District Superintendent and the Council on Clergy Development. Each year cycles on July 1.

5.1.2011

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**Application for Circuit Grants, including Caucuses, Groups, Fellowships, and Other Assemblies**

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to the Annual Conference: \_\_\_\_\_

Describe the Use of the Circuit Grant:

\_\_\_\_\_

Date of the Event: \_\_\_\_\_ Location: \_\_\_\_\_

Expected Attendance: \_\_\_\_\_ Amount of Request: \_\_\_\_\_ [Max. \$500 per year]

To whom should the check be made payable:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please share the importance of this continuing education opportunity to your clergy circuit or group, to the development of your congregation, and to the mission of the Annual Conference:

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Signature of District Superintendent: \_\_\_\_\_

Mail, fax, or email to:

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First United Methodist Church  
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