



2021 EPIPHANY APPLICATION

Disciples Church Extension Fund
P.O Box 7030 Indianapolis, IN 46207
Toll Free: (800) 274-1883 Fax: (317) 635-6534
Email: mdefields@churchextensionfmr.org



Congregation Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Ethnicity (~%): C ____ AF-A ____ H ____ AS-A ____ O ____

It was voted to request the Epiphany service of Hope Partnership. We agree to pay the fee of **\$5,650.00* plus reasonable costs for the contractors' (3 trips total) travel and maintenance (avg. \$2,550 total)** for this service. A nonrefundable deposit of \$1,000 must accompany this application, the remainder to be invoiced after the Assessment. We understand we will also receive an invoice for travel expenses after each visit. Payment will be due 30 days upon receipt. **Checks should be made out to Disciples Church Extension Fund.**

***If Assessment is delivered after November 30, 2021, this service will be subject to 2021 pricing (price to be determined).**

Authorized Signature: _____ Date: _____

Setting up the Assessment

Assessments run from 3:00-9:00 PM on a weekday. ***Date must be at least 4 weeks from the date of application.*** (Please give a few different weekdays when church leaders would be available to attend)

We would like to request the Assessment be done one of these weekdays: _____

Setting up Experience I Retreat (Leadership Training)

Experience I happens on a Saturday and Sunday.

We would like to request Experience I occur one of these weekends (please give 2-3 possible Sat/Sun dates at least 6 weeks after assessment): _____

Setting up Experience II (Future Story Retreat)

Experience II happens on a Friday/Saturday.

We would like to request Experience II occur one of these weekends (please give 2-3 possible Fri/Sat dates 6 weeks to 3 months after Experience I): _____

Coaching

We understand that coaching **must** be initiated by the Pastor and commenced (1st session) **within three months*** of Experience II.

***If not initiated and commenced within this timeframe, the coaching opportunity will be forfeited. If coaching is desired at a later date, one year of coaching is available for an additional fee.**



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Clergy information

Name: _____ Position at Church: _____

Email: _____ Phone Number: _____

Who will be your congregation's primary contact person regarding this service?

Name: _____ Position at Church: _____

Email: _____ Phone Number: _____

Treasurer information

Name: _____ Email: _____

Mid-Level Judicatory Partner (regional/area/conference minister, Presbytery Leader, etc.)

Judicatory Name: _____

Judicatory Leader's Name: _____

Judicatory Leader's Contact Info:

Phone: _____

Email: _____