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**2024 United Thank Offering**

**Bishop’s Endorsement Form**

***Please use this form for all applications.***

**PROJECT TITLE:**

**TYPE OF APPLICATION:**

* **Annual Grant Process: Diocese (The Episcopal Church)**

*If a diocese of The Episcopal Church, the applicant understands that should its local diocese fail to pay its assessment in full or to apply for and receive a waiver, the diocese and the applicant shall be ineligible to receive grants or loans from the Domestic and Foreign Missionary Society unless approved by Executive Council.  In accordance with Canon I.4.6, (select the applicable response):*

|  |  |
| --- | --- |
|  | *the diocese pays its full assessment* |
|  | *the diocese has been granted a waiver for years (list)* |
|  | *the diocese has made application for a waiver but has not been advised regarding a determination* |

* **Annual Grant Process: Province (Anglican Communion) also requires the signature of the Primate.**

**FOR ALL APPLICATIONS:**

1. **Name of the organization receiving the funds**.   
   *(Note: must be an Episcopal entity, i.e. Diocese, Parish, Episcopal 501(c)(3).)*
2. **If this project has a separate 501(c)(3) receiving the grant funds, please explain how that organization receives oversight and accountability by an entity of The Episcopal Church** (as outlined in the UTO Grant Focus and Criteria).
3. **List the corporate officers of the organization listed above who are receiving the funds**.

*(If this is a project at a congregation, then list the vestry members; if this is a project by the diocese, then list the Standing Committee members; if it is a separate 501(c)(3), then list the members of the Board of Directors.)*

1. **The entity receiving the funds has been audited within the last two years according to the Canons of The Episcopal Church and/or the Anglican Communion and found to be in compliance.**   
   *(Applicant should be prepared to share a copy with the UTO Board upon request.)*
   * Yes
   * No
2. **Please share with us the name and contact information for your current Diocesan UTO Coordinator.**

**Comments from the Bishop**

1. **What excites you most about this project?**
2. **Identify and describe how this program/project supports the 2024 UTO grant focus.**

**Approval of the Application and Accountability Disclaimer**

By signing below, I indicate that the application named above is the approved application from my diocese for this year’s UTO grant process and 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 and will 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, and we 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 we 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.

***Name of Diocesan Bishop (printed or typed) Signature of Diocesan Bishop Date***

**Please note that, if at any time you decide you no longer approve of or need funding for this application, contact UTO staff immediately.**

**Anglican Communion Endorsement**

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

This 2024 United Thank Offering Grant Application has the endorsement of the Anglican Province of:

***Date Name of Primate (printed) Signature of Primate***