

Emergency Maintenance Funding Request

Purpose:

Small Church Emergency Maintenance funds provide parishes emergency maintenance grants.

Eligible Applicants:

Grants are available to all small parishes (typically less than 100 active members) in the Diocese of Southern Virginia. The parish must also have fulfilled the requirements of Canon VII Section 4 (f) of the Constitution and Canons of The Diocese of Southern Virginia.

Grant Amounts:

Maximum grant amount available is \$2,500.

Award Evaluation:

Requests from parishes who have not requested grants in the last two years will take priority.

Additional Requirements:

Funds will be disbursed upon receipt of documentation (estimate, invoice, or bill), and certification by the rector or senior warden, that the congregation will or has expended its portion of the total cost.

After Receipt of Funds:

Within 60 days of the receipt of the funds, documentation must be provided showing completed work.

Submit Application to:

Email application to Canon for Administration, The Rev. Canon Ed Tracy, etracy@diosova.org with "Emergency Maintenance Funding Request" in the subject line.

Applications may also be sent to:
The Rev. Canon Ed Tracy
Episcopal Diocese of Southern Virginia,
11827 Canon Blvd., Suite 101
Newport News, VA 23606-3071

Emergency Maintenance Funding Request Application

Date of request: _____

Name of Parish: _____

Name and title of Rector or Sr. Warden submitting request: _____

Contact Information:

Address: _____

E-mail: _____ Phone: _____

Brief statement of need (e.g., replace furnace; replace door and frame): _____

Total cost of repair / maintenance \$ _____ Amount requested \$ _____

Identify any underlying cause(s), if any (e.g., furnace is beyond economical repair, 30 years old; wall has settled and door will not close properly).

Detailed description of repair / maintenance project: include dates, actions taken to date, and any unusual or specialized materials or procedures needed.

Is this repair / maintenance issue eligible for insurance reimbursement?

Yes _____ No _____

If YES, has the claim been submitted and what was the result?

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Action by Review Committee

Date reviewed: _____

Approved _____ Amount _____

Not Approve _____

Reason Not Approved:
