

## Emergency Maintenance Funding Request

### **Purpose:**

Small Church Emergency Maintenance funds provide small congregations emergency maintenance grants.

### **Eligible Applicants:**

Grants are available to all small congregations (typically less than 100 active members) in the Diocese of Southern Virginia.

Per Diocesan Canon VII.4 (f) congregations will not be eligible for grants from the Diocese until the preceding two calendar years' audit reports have been provided to the Diocese.

### **Grant Amounts:**

Requests should be no greater than one-half of the total cost of the project. Maximum grant available is \$2,500.

### **Award Evaluation:**

Requests from congregations 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 Judy Dobson at [jdobson@diosova.org](mailto:jdobson@diosova.org) with "Emergency Maintenance Funding Request" in the subject line.

Applications may also be sent to:

Judy Dobson  
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 congregation: \_\_\_\_\_

Name and title of Rector/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):

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\_\_\_\_\_

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

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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 Approved: \_\_\_\_\_

Reason Not Approved: \_\_\_\_\_

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