

Bertha C. Dayton Fund  
Grant Request Form

In order to establish a perpetual memorial for her beloved son, John C. Dayton, Bertha C. Dayton entrusted funds to the Congregational Home Missionary Society at her death. The will stipulated that income shall be used in aiding and assisting rural, small town or village churches in the state of Michigan and in the support of their pastors and families.

Grants are awarded by the Vital Growth Mission Area Team of the Michigan Conference United Church of Christ. Deadline for applications is September 15, 2022. Please send grant applications to:

Vital Growth Mission Area Team  
Michigan Conference UCC  
P.O. Box 1006  
East Lansing, MI 48826-1006

Or e-mail to:  
Rev. Cheryl Burke  
[cheryl@michucc.org](mailto:cheryl@michucc.org)

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GENERAL INFORMATION

Date:

Name of Church:

Address of Church:

Name of Pastor/Contact Person:

Contact Information: Preferred Phone:

E-mail:

Population of Community:

Church Membership:

Average Worship Attendance:  
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GRANT REQUEST INFORMATION

Grants may be awarded for congregational or pastoral support. Please indicate the purpose and amount of your request below:

\_\_\_\_\_ \$500

\_\_\_\_\_ Pastoral salary support

\_\_\_\_\_ \$1000

\_\_\_\_\_ Congregational vitality support

\_\_\_\_\_ \$2000



Please, provide the following information on a separate sheet of paper.

1. Purpose Statement: The purpose of receiving this grant is to \_\_\_\_\_.
2. Imagine that you have received a grant from the fund. How will this gift “open space for the transforming love of God?”
3. How will receiving this grant help your congregation be more vital?
4. Are there special circumstances in the life of the church that are motivating your request for assistance at this particular time? Describe.
5. Please, attach a financial report for the previous year and a copy of your budget and anticipated sources of income for the current year.
6. Attach any additional information about the congregation and/or pastor which may be helpful in determining the distribution of funds (church mission statement, continuing education experiences, use of facilities by community, group and individual needs being met, description of program, hopes, special needs, etc.).

Request Approved by Church Governing Board:

Date:

Name and Signature:

Affirmation by Associate Conference Minister or Church and Ministry Committee:

Date:

Name and Signature:

Submitted by:

Date:

Name and Signature:

Office held:

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 For Vital Growth Team

Grant Approved for \$\_\_\_\_\_

Grant Not Approved (Reason):