

ELCIC MISSION FUND
APPLICATION FOR EXPERIMENT GRANT
Submit to: Missions Committee - BC Synod
80 East 10 Avenue, New Westminster, BC V3L 4R5
or email: bcsynod@elcic.ca

Name of Congregation/Ministry: _____

City: _____

1. Experiment Title: _____

2. Experiment Application Date: _____

3. Description of Experiment:

4. Rationale for Experiment:

5. Experiment Criteria Addressed:

6. Objectives of Experiment:

7. With Whom are You Hoping to Connect Through the Experiment? How do you plan to inform and / or engage with your church council and congregation?

8. Administrative Relationships:

Who is responsible to administer the experiment and complete reporting requirements

Name: _____

Address: _____

Phone number: _____ Email: _____

Who will be involved in carrying out the experiment? (i.e. individuals, congregations, synod, committees, etc.)

9. Experiment Budget: \$ _____ (Attach budget detail) Include other sources for funding in place or pending approval. Who will be responsible for sharing the financial accounting after the funds are received?

Name: _____ Phone: _____

Email: _____

10. Timeline:

How long will this experiment take from start to finish? _____

When will the experiment begin? _____

When will experiment funds be required? _____

11. Learning: Who will be responsible for sharing the story and the learning from this experiment to the Synod Canadian Mission Committee? The reporting task need not be onerous, but what we are looking for is hearing your stories, sharing in your learning, and passing them along so they may inspire others.

Name: _____

Address: _____

Phone: _____ Email: _____

Guidelines for Learning Reflections - Along with completing the following questions that will capture your experiment learnings at the end, you might want to consider them early on to assist in planning.

1. Would you briefly describe for us your experiment:
 - What was the intended outcome?
 - Who was involved?
 - What was the activity you planned?
2. How did you hope people beyond your church community would be involved?
3. Were there any challenges you faced in making your experiment happen? If so, can you share briefly what these were?
4. We are interested in hearing what you learned or discovered through this experiment.
 - Did it turn out the way you expected?
 - If not, how did it shift or change from what you set out to do?
5. Our God is a God of surprises. In the course of doing this experiment were there any surprises? If so, can you tell us a little more what these surprises were, and how you responded?
6. God is a God of connections. When you think about what you experienced, and with whom you connected, what developed in your relationships with others in your community as a result of your experiment?
7. Tell us what the impact of this experiment has been on you as leaders of the experiment.
 - How about the rest of your congregation and leadership?
 - Did you hear any comments from folks in the community?
8. Can you think of any times during your experiment where you had what you might call 'God moments', that is, times when it felt like you caught a glimpse of God's presence?
 - Perhaps in the neighborhood, in the people you met, or the way that something unfolded?
 - Or, might there have been things that may have reminded you of a Bible story or given you a new insight into what Jesus/God/the Spirit might be up to with you, with us as church and those all around us?
9. Is there anything else you would like to share, or that you would like other people to know as a result of having done your experiment?

FOR OFFICE USE ONLY		DATE
Received by:		
Reviewed by Synod Committee		
Approved \$		
Funds Forwarded		
Reflections-Learnings		
Financial Reporting Completed		

INTAKE DATE	<input type="checkbox"/> February	<input type="checkbox"/> June	<input type="checkbox"/> October
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