



# 2019 EPIPHANY APPLICATION



P.O Box 7030 Indianapolis, IN 46207  
Toll Free: (800) 274-1883 Fax: (317) 635-6534  
Email: [mdefields@churchextensionfmr.org](mailto:mdefields@churchextensionfmr.org)

Congregation Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Ethnicity (~%):** \_\_\_ C \_\_\_ AF-A \_\_\_ H \_\_\_ AS-A \_\_\_ O

It was voted to request the Epiphany service of Hope Partnership. We agree to pay the fee of **\$7,400.00 plus reasonable costs for the contractors' (3 trips total) travel and maintenance (avg. \$2,500 total)\*\*** for this service which will be invoiced a day after the assessment. Payment will be due 30 days after Experience I.

**\*If Experience II retreat is delivered after December 31, 2019, this service will be subject to 2020 pricing (price to be determined).**

**\*\*A church's decision to cancel or postpone the service after submitting this request (and before the travel date) may result in up to a \$500 cancellation charge if travel reservations have already been purchased.**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Setting up the Assessment**

Assessments run from 3:00-9:00PM on a weekday. ***Date must be at least 4 weeks from the date of application.*** (Please give a few different weekdays when church leaders would be available to attend)

We would like to request the Assessment be done one of these weekdays: \_\_\_\_\_

**We understand that once the demographic area has been drawn and has approved by our clergy leader, any later demographic area changes will incur a new charge.**

### **Setting up Experience I Retreat (Leadership Training)**

Experience I happens on a Saturday and Sunday.

We would like to request Experience I occur one of these weekends (please give 2-3 possible Sat/Sun dates at least 6 weeks after assessment): \_\_\_\_\_

### **Setting up Experience II (Future Story Retreat)**

Experience II happens on a Friday/Saturday.

We would like to request Experience II occur one of these weekends (please give 2-3 possible Fri/Sat dates 6 weeks to 3 months after Experience I): \_\_\_\_\_

### **Coaching**

Coaching must begin no later than two months after the Experience II weekend. Date will be set with your Facilitator/Coach.

**We understand that the coaching part of this service will be forfeit if coaching does not begin within this time frame.**



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## Clergy information

Name: \_\_\_\_\_ Position at Church: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Who will be your congregation's primary contact person regarding this service?

Name: \_\_\_\_\_ Position at Church: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Treasurer information

Name: \_\_\_\_\_ Email: \_\_\_\_\_

## Mid-Level Judicatory Partner (regional/area/conference minister, Presbytery Leader, etc.)

Judicatory Name: \_\_\_\_\_

Judicatory Leader's Name: \_\_\_\_\_

### Judicatory Leader's Contact Info:

Phone: \_\_\_\_\_

Email: \_\_\_\_\_