



Clergy Wellness Grant Application Questions

CBA Member Organizational Information

- Name of Organization
- Name of person submitting the grant application
 - First Name
 - Last Name
- Title
- Contact Email
- Contact Phone

- Senior Leader of Organization
 - First Name
 - Last Name
- Senior Leader Title
- Senior Leader Email
- Senior Leader Phone

- Financial Officer Name
 - First Name
 - Last Name
- Financial Officer Title
- Financial Officer Email
- Financial Officer Phone

Organizational Capacity & Background

- Assets Under Management
 - Based on the aggregate benefit plan assets under management, including pension, retirement, health, and welfare plan assets as of 12/31/2025. For group health plans:
 - For self-insured plans, use the greater of health plan assets or annual health plan claims paid.
 - For fully insured plans, use the total annual premium spend as the asset base.
 - Please exclude non-plan assets such as funds managed for institutional investors, relief and charitable programs, operating reserves, or other non-benefit plan assets.
- What denominations does the organization serve? (Please list all)

Benefits & Membership Data

- What benefits does your organization directly provide?
 - Retirement
 - Health
 - Life
 - LTD
 - EAP
 - Other
- Number of active (non-retired) clergy participating in one or more of your benefits services.
- If available, how many of those clergy are serving in congregations?
- Does your organization have access to clergy outside of the plans?
 - Yes
 - No
- If yes, please explain how your organization has access to clergy who are not currently enrolled in your benefits services.

Grant Selection

- Which grant are you applying for?
 - Full Scale Denominational Grant
 - Be Still and Know Grant

Full Scale Denominational Grant

- Organization's Full Scale Denominational Grant Champion Name
 - First Name
 - Last Name
- Full Scale Denominational Grant Champion Title
- Full Scale Denominational Grant Champion Email
- Full Scale Denominational Grant Champion Phone

Process Design

- What problem is this proposal trying to solve? How do you know this programming is needed? How have you involved clergy and other conversation partners in the planning and development process?

Program Design

- Program status (select all that apply)
 - New program
 - Existing program being strengthened or scaled

- Which areas of wellness are addressed? (select all that apply)
 - Financial
 - Mental
 - Physical
 - Spiritual
- Describe the program(s) you are proposing. How is this proposal specific to the clergy in your context?
- Describe your staffing model and organizational capacity to administer this program. Who will do the work? (organizational staff, denominational staff, contractors, resource partners)
- What challenges might your organization face implementing this program and how will you overcome them?

Outcomes & Evaluation

- Estimate how many clergy will participate in the proposed program(s).
- What will clergy be doing differently as a result of this program? Describe the outcomes you expect and whether your approach emphasizes deeper impact for a smaller group or broader reach for a larger group.
- What is your evaluation plan? How will you measure success?

Sustainability & Mission Alignment

- What elements of this programming can be most easily sustained after grant funding ends? What does financial sustainability look like beyond the grant period?
- How does this initiative complement your organization's mission?

Budget - Expenses

- Please provide an amount and narrative explanation for each category below. Total expenses should equal total income (grant funds + matching funds). Funds not spent within 18 months must be returned to CBA.
- Line Item Expenses
 - Programming/Events/Hospitality
 - Personnel
 - Travel
 - Consultants/Contractors
 - Grants
 - Administrative overhead of up to 5% if needed
 - Other
- Narrative explanation: Describe how funds will be spent or disbursed in each line item of the budget you submitted.

Income

- Grant funds requested

- Match Category (Assets under management/Required match percentage)
 - \$0 - \$400 million: 0%-25% match encouraged, not required
 - \$400 million - \$1 billion: 25%-50% required
 - \$1 billion+: 50%-100% required
- Matching funds contribution amount
- How did you determine the amount of matching funds that your organization will contribute?
- Sources of Matching Funds
 - Endowment
 - Fees for Service
 - Donor Gifts
 - Participant Match
 - Denominational Assessments (If applicable)
 - Congregational Support
 - Other
- The Grant Oversight Committee will make recommendations about which organizations receive grant funding, and at what level. Select all levels of funding that you could implement a scaled version of your program(s)
 - \$250,000
 - \$500,000
 - \$750,000
 - \$1,000,000
 - Other

Be Still and Know Grant

Additional Contact Information

- Organization's Be Still and Know Grant Champion Name
 - First Name
 - Last Name
- Be Still and Know Champion Title
- Be Still and Know Champion Email
- Be Still and Know Champion Phone

Program Design

- What is your process for determining who will receive a Be Still and Know grant?
- How many grants do you want to give out? (\$5,000 per clergy/congregation)
- Describe your staffing model and organizational capacity to administer these grants. Who will do the work? (organizational staff, denominational staff, contractors)
- What is your communication/education/marketing plan to clergy and congregations? How will you specifically reach out to traditionally marginalized and/or under-resourced clergy?
- What challenges might your organization face in communicating about this program and disbursing the funds and how will you overcome them.

Outcomes & Evaluation

- What is your greatest hope for how a sabbath experience affects the overall wellness of a clergy person and congregation who receive a Be Still and Know grant? (Tell us a four sentence story that you would love to receive that tells of the impact of a clergy person and congregation receiving a Be Still and Know Grant)
- What does success look like for your organization in this initiative?
- What is your evaluation plan?

Sustainability & Mission Alignment

- What does sustainability (financial and programmatic) look like beyond the grant period?
- How does this initiative complement the mission of your organization?

Budget - Expenses

- Please provide an amount and narrative explanation for each category below. Total expenses should equal total income (grant funds + matching funds). Funds not spent within 18 months must be returned to CBA.
- Line Item Expenses
 - Administration/Personnel
 - Communication
 - Be Still and Know Grants
 - Administrative overhead of up to 5% if needed
 - Other
- Narrative explanation: Describe how funds will be spent or disbursed in each line item of the budget you submitted.

Income

- How much is your organization requesting in grant funds?
- Matching Funds
- Match Category (Assets under management/Required match percentage)
 - \$0 - \$400 million: 0%-25% match encouraged, not required
 - \$400 million - \$1 billion: 25%-50% required
 - \$1 billion+: 50%-100% required
- Matching Funds Contribution Amount
- Sources of Matching Funds
 - Endowment
 - Donor Gifts
 - Participant Match
 - Denominational Assessments (If applicable)
 - Congregational Support
 - Other

- The Grant Oversight Committee will make recommendations about which organizations receive grant funding, and at what level. Select all levels of funding that you could implement a scaled version of your program(s)
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 - \$500,000
 - \$750,000
 - \$1,000,000
 - Other

If Applying for Both Grants

- If your organization is applying to both grant programs and limited funding prevents the Grant Oversight Committee from funding both requests at the optimum level, which program should be prioritized for the highest level of funding? Please briefly explain your choice.