

PROJECT RESOURCE 2.0

To: Project Resource Teams (one bishop, two clergy, two lay leaders, one diocesan communications person, if applicable)
From: The College for Bishops, The Episcopal Church Development Office, The Episcopal Church Foundation
Date: September 19, 2016

It's a pleasure to write to you regarding the Project Resource Conference to be held May 9-11, 2017, at All Saints' Episcopal Church in Atlanta, Georgia. This conference will train teams from participating dioceses in the art and science of raising money, raising people, and developing planning and communications that support these initiatives. In order to attend, teams should consist of (at the minimum) a bishop, 2 lay leaders, 2 clergy leaders, and the diocesan communications person, if applicable.

Project Resource 2.0 is a new initiative

- sponsored by the College for Bishops, Episcopal Church Development Office, and the Episcopal Church Foundation.
- adapted to enable an entirely new culture in all aspects of financial development and membership growth as well as the spiritual, organizational, and managerial conversations which orbit them.
- designed to train leaders how to return to their diocese to lead adults within the diocese's culture, geography, and cultural realities as they raise people and money.
- re-configured to teach effective use of more than 200 model documents archived online for easy teaching access, on the road, and in the diocese.

Project Resource provides teaching, focus and resources such that a team (one Bishop, two clergy, two lay leaders, one diocesan communications person) may return to their diocese equipped to teach and lead locally in areas of resource development. Project Resource does this by:

- gathering the best materials within the latest technologies available, which not only deal with raising money and membership, but which gets at societal shifts, organizational change, managerial anxiety, and relational resistance.
- providing diocesan teams time to interpret the content, session by session, within the realities and particularities of their own diocesan, cultural, and regional situations.
- Empowering each team to leave with a working plan, with measurable objectives, tailored specifically for their own diocese.

Project Resource seeks to change our culture and systems around financial development and membership growth in the worldwide Episcopal Church. We seek to instill and install effective financial development and membership growth from the top down in residential diocesan teams of leadership. Here is some of what has been said about the Project Resource Conference.

"There are great logistical and technical resources available and a host of experts teaching them. The chance to meet intentionally with our diocesan team cannot be overlooked and was wonderful."

"This is a must-attend experience for bishops, bishop's staff and laity who want to support stewardship, fundraising and the future in their congregations."

"The manual is set up and presented very logically with a great wealth of information. I am especially excited that everything will be available online for downloading so we don't have to reinvent the wheel!"

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Project Resource will begin with breakfast at 8:00 AM on Tuesday, May 9 and will conclude at 2:00 PM on Thursday, May 11. Please plan to fly in to the Atlanta Hartsfield-Jackson International Airport; All Saints' Episcopal Church is located approximately 30 minutes from the airport by MARTA.

Participant are responsible for their own travel expenses, hotel rooms, and any meals not included in the conference tuition. (The conference tuition covers breakfast, lunch, 1 evening reception, and 1 dinner.) Please contact the newly renovated Crowne Plaza to make hotel room reservations for your group. **Please ask for a room in the Project Resource Conference block. We have arranged for a special rate of \$129. You must book by April 10 to receive the special rate.**

Hotel Information:

The Crowne Plaza Atlanta Midtown
590 West Peachtree Street Northwest
Atlanta, Georgia 30308
Telephone: 1-855-646-8549

So that we may continue to plan for the conference, please send the following information to Betsy Jutras at bjutras@collegeforbishops.org, via fax 252.635.5006, or by mail to The College for Bishops 2857 Trent Road, New Bern, NC 28562. **We will accept registrations on a first-come first-serve basis. The deposit must be included to hold your space. Checks should be made to The College for Bishops.**

1. Registration/Personal Information Forms (make as many copies of the clergy and lay forms as you need)
2. Conference Tuition of **\$2,500** for a team of 5. There will be an additional \$250 fee for each additional team member. (A \$1,500 deposit is due by December 15, 2016 and the final payment will be expected by March 15, 2017. If there is a need to cancel, you must do so by April 1, 2017 or your deposit will be forfeited.)

Additional materials will be sent to you prior to the conference. If you have any questions in the meantime, please contact Betsy Jutras at the College for Bishops at bjutras@collegeforbishops.org or 252.635.9004.

We look forward to being with you in May!



The Rt Rev'd F. Clayton Matthews
Managing Director,
The College for Bishops



Tara Elgin Holley
Director for Development,
The Episcopal Church



Donald V. Romanik
President,
Episcopal Church Foundation

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May 9-11, 2017 ~ All Saints' Church ~ Atlanta, GA

Bishop Registration Form

Bishop Name: _____

Diocese: _____

Name for Nametag: _____

Bishop Mailing Address: _____

Bishop Phone: _____

Bishop Cell Phone: _____

Bishop E-mail: _____

Breakfast and lunch will be provided by a catering team. Do you have any special dietary needs? No Yes

If yes, please explain:

Please list any allergies, existing medical conditions, and physical limitations. Also, list any over-the-counter, prescription, or herbal medications you are taking that we should know about. Answer "None" if not applicable.

Please provide the following information to be used in case of an emergency:

Emergency Contact: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

Address, City, State: _____

Primary Care Doctor: _____ Phone: _____

Address, City, State: _____

Is there anything that may affect your participation?

Please send the completed form to Betsy Jutras via fax (252.635.5006) or email (bjutras@collegeforbishops.org)
By December 15, 2016. **

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May 9-11, 2017 ~ All Saints' Church ~ Atlanta, GA

Clergy Participant Registration Form

Clergy Name: _____

Diocese: _____

Name for Nametag: _____

Clergy Mailing
Address: _____

Clergy Phone: _____

Clergy Cell Phone: _____

Clergy E-mail: _____

Breakfast and lunch will be provided by a catering team. Do you have any special dietary needs? No Yes
If yes, please explain:

Please list any allergies, existing medical conditions, and physical limitations. Also, list any over-the-counter, prescription, or herbal medications you are taking that we should know about. Answer "None" if not applicable.

Please provide the following information to be used in case of an emergency:

Emergency Contact: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

Address, City, State: _____

Primary Care Doctor: _____ Phone: _____

Address, City, State: _____

Is there anything that may affect your participation?

Please send the completed form to Betsy Jutras via fax (252.635.5006) or email (bjutras@collegeforbishops.org)
By December 15, 2016. **

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May 9-11, 2017 ~ All Saints' Church ~ Atlanta, Georgia

Lay Participant Registration Form

Lay Name: _____

Diocese: _____

Name for Nametag: _____

Lay Mailing Address: _____

Lay Phone: _____

Lay Cell Phone: _____

Lay E-mail: _____

Breakfast and lunch will be provided by a catering team. Do you have any special dietary needs? No Yes
If yes, please explain:

Please list any allergies, existing medical conditions, and physical limitations. Also, list any over-the-counter, prescription, or herbal medications you are taking that we should know about. Answer "None" if not applicable.

Please provide the following information to be used in case of an emergency:

Emergency Contact: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

Address, City, State: _____

Primary Care Doctor: _____ Phone: _____

Address, City, State: _____

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