

**APPLICATION FORM FOR DOMESTIC HUNGER PROJECTS
PENNIES FOR HUNGER/TWO CENTS-A-MEAL
(RESTRICTED HUNGER FUNDS)**

SALEM PRESBTERY HUNGER COMMITTEE

Please write all answers on this form: add extra sheets only if necessary.

A. IDENTIFICATION

1. Name of Organization: _____
Address: _____
Phone Number: _____
2. Name and Title of principal contact person: _____
Address: _____
Phone Number: _____
3. Sponsor(s) of this project:
 - a. List name of churches and name of ecumenical agencies, community agencies, and other funding sources:

B. DESCRIPTION OF PROJECTS:

1. What does the project/agency do?
 - a. What has been accomplished?
 - b. How many people per month does the project/agency help feed?
 - c. What kind of food assistance does the program/project provide?
(meals, grocery vouchers, food boxes, other) Specify.

- d. How many people are helped per month with other kinds of assistance?
2. What does the project/agency plan to do with Salem Hunger Funds if granted?
3. Which of the following Hunger Fund guidelines is applicable to your project? (see also the attached guideline)
- a) New Project
Have you been in contact with similar existing programs in order to benefit from their experience? Specify.

 - b) Planned expansion of existing project
 - c) Existing program in an emergency or special situation. What steps are being taken in order to avoid a future emergency?

 - d) On going
4. Area Served:
5. How does this project involving food assistance fit in with the overall purpose of your agency?

6. Organization structure, who approves disbursement of funds? Describe staffing, (paid or volunteer) including who approves disbursement of funds.

C. **BUDGET**

1. Attach proposed budget showing receipts and expenditures; (also submit agency/project's annual budget for the current year).
2. List main sources and amounts of income to date and projected sources of income for the current year. (Include private and public funding.)

a. State plans for financing this project beyond the current year.

b. Amount of funds being requested from Salem Presbytery Hunger Fund:

\$ _____

Recipients of project funding shall report to the Hunger Committee at the end of the funding year on the use of funds and the effectiveness of the project.

**APPLICATION FORM (PART II) FOR DOMESTIC HUNGER PROJECTS
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**Return Section D via fax or mail to the Presbytery office.
All forms need to be received by February 1 for Spring grants and
August 1 for Fall grants.**

D. FOR SESSION ENDORSEMENT

1. Describe how your congregation is involved in the Project.

2. Does your church participate in the Pennies for Hunger/Two Cents a Meal offering? _____

3. Endorsement:
Project name _____

was approved by the Session of the _____

Presbyterian Church of _____
(City)
North Carolina, on _____.
(Date)

Signed: _____
(Clerk of Session or Pastor)

Submit this form via fax or by mail complete with signature to:

Attn: Hunger Action Advocate
Fax #: 336-766-7153

OR mail to: Hunger Action Advocate
Salem Presbytery
P.O. Box 1763
Clemmons, NC 27012

Agencies can apply once each funding year.
An Accountability Report must accompany your application
If grant monies have been received in previous years.