

**Salem Neighborhood Assistance Program
Grant Application**

For a congregation in Partnership with at least one other congregation or community organization
2008

I GENERAL INFORMATION

As partnering is an important part of consideration, the application is to reflect sponsorship or endorsement by the appropriate neighborhood session(s), committee or task group of the presbytery, agency or organization.

Date: _____

Neighborhood Partners (churches/organizations participating) _____

Name of person(s) completing this application _____

Title/Office _____

Address _____

Contact Number _____

Endorsement of Your Church Session _____

Date

Signature Clerk of Session

Specific Purpose of Grant _____

Explanation of (choose A or B)

A. ___ Explain how this grant will move your neighborhood church(es) partnership(s) forward in mission.

B. ___ Explain how this grant will move your neighborhood church(es) and community organization(s) forward in mission.

II FUNDING

Amount Requested: _____ (Attach Budget)

DURATION How long will this project/program need presbytery assistance? _____

(Ordinarily, presbytery funding is for one year only. If it is needed for more than one year, this should be clearly stated. Multi-year grants, if approved, will reflect diminishing amounts after the first year, i.e. \$3000 for the first year, \$2000 second year. In no case will funds be provided by presbytery to a project/program for more than three years. Repeat funding beyond three years is unlikely.

If need to be addressed is for a capital purchase (equipment, furnishings, repairs, renovation, etc.), please attach at least two copies of bids/pricing and list the two bids.

1st Bid _____

2nd Bid _____

If need is of an emergency basis, please describe and provide details about when funding may be needed.

If need is for a ministry or mission cause, what do you hope to accomplish, when and how? Please use the following table to identify your most important goals/objectives (up to three). Attach additional sheets if necessary.

<u>Goal/Objective</u>	<u>Expected Outcome</u>	<u>How will it be measured?</u>

- If other Presbytery/Synod funding has been provided from shared ministries funds, please indicate the amount and ministry. So that we might evaluate your application completely, please attach an overall budget, which specifically details what funding you receive each year from other sources including specific presbyteries of the Synod of the Mid-Atlantic or from other funds of the Synod such as the Peacemaking Offering, Jubilee Fund, Speer Fund, etc.
- If you receive funding from other sources (private, United Way, or other organizations outside the PCUSA) please list them, along with terms and amount of the grants.

By signing below, I certify that the funds sent by Salem Presbytery as described above will be spent according to the grant's intention. If there is any additional information, please attach a separate page.

Applicant Signature and Date

Presbytery Signature and Date

III. EVALUATION (To be completed within 12 months of the date of the grant award)

Please complete the following table identifying up to three programmatic objectives (which should be part of your original application), expected outcomes, and actual results. Attach additional sheets if necessary.

Objective	Expected Outcome	Actual Result/Outcome

Attach a summary of expenditures detailing how the grant was used and forward to Salem Presbytery Office no later than year ending of receipt of funds.

By signing below, I certify that the funds sent by Salem Presbytery as described above were spent according to the grant's intention. If there is any additional information, please attach a separate page.

Applicant Signature and Date

Presbytery Signature and Date

- This form will be submitted to your neighborhood council/connectors who will propose it for e-mail approval by the elected elder and clergy commissioners from your neighborhood that attended the most recent meeting of Salem Presbytery. Sixty percent approval by those voting on-line will be required for the grant to be approved for disbursement.

Salem Presbytery
Attn: Salem Neighborhood Assistance Program Evaluation
PO Box 1763
Clemmons, NC 27012
Fax: (336-766-7153)
Office: (336-766-3393)

Applications must be received in the Presbytery Office no later than October 21, 2008.

Revised: February 26, 2008 -Adapted from Synod of Mid-Atlantic Grant Form