



**Salem Presbytery  
Domestic Hunger Funds**

**Grant Application - 2022**

*Office Use Only:
Date Rcvd:
Contacted:
Ses. Endr.: _____ Acct. Rpt.:
Request amt:
Nbrhd:
Visitor:

- **2022 Grant Application and Session Endorsement** must be received by **1st Monday of February** for SPRING grant requests and **1st Monday of August** for FALL grant requests. Agencies/projects can apply only once each funding year.
- An **Accountability Report** must accompany your application if grant monies were received in any previous funding year.
- Please enter all answers on this original form and add extra sheets only as necessary.

**A. IDENTIFICATION**

**1. Name of your agency/project:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Checks made payable to:** \_\_\_\_\_

**Mailing Address (if different):** \_\_\_\_\_

**First time applying? \_\_\_\_\_ Previously received funds? \_\_\_\_\_ When?**

**Links (website/Facebook/other):**

**2. Name & title of contact person:** \_\_\_\_\_

**Phone Number(s):** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**3. Sponsor(s) of this project:**  
**(List name(s) of churches, ecumenical agencies, community agencies, and other funding sources.)**



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**B. DESCRIPTION**

**1. Which of the following best describes your agency/project?**

- This is an ongoing agency/project, established in \_\_\_\_\_
- We are planning for expansion or have a special situation.
- We are in need of emergency assistance.
- We are starting something new.

**2. What is your mission?**

**3. What kind of food assistance do you provide?  
(Meals, grocery vouchers, food boxes, other. Please specify.)**

**4. What are your most recent accomplishments?**

**5. How many people per month do you help feed?**

**6. How many of these people get assistance from other sources?**



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**7. What area(s) do you serve?**

**8. Describe your staffing scope and size.**

**9. What do you plan to do with Salem Presbytery Hunger Funds if granted?**

**10. How would these funds assist with your overall purpose?**

**B. BUDGET**

**1. Please attach your most recent budget showing anticipated receipts and expenditures.**

**2. Describe your sources of income over the past three years.**

**3. Who are your major contributors and what amount of assistance they provide?**

**4. What are your plans for financing beyond the current year?**



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**5. What is your requested grant amount from the Salem Presbytery Hunger Fund?**

\$ \_\_\_\_\_

Grant recipients must submit an **Accountability Report** at funding cycle's end on the use and effectiveness of the funds. Unused monies shall be return to the Salem Presbytery Hunger Fund.

Submit this form as well as requested materials  
via mail, or e-mail, complete with signature(s) to:

Attn: Hunger Action Advocate  
P.O. Box 1763 Clemmons, NC 27012  
wisnerleigh@yahoo.com



**Salem Presbytery  
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**Session Endorsement - 2022**

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**Name of agency/project:**

**A. SESSION**

1. How long has your church been working with the agency/project?
  
  
  
  
  
2. Describe how your congregation is involved with the agency/project.
  
  
  
  
  
3. How does your church participate in the Salem Presbytery Hunger Fund offering?

**B. ENDORSEMENT**

The Session of \_\_\_\_\_ Presbyterian Church  
of \_\_\_\_\_, North Carolina has approved to endorse the  
\_\_\_\_\_ agency/project.

Signed: \_\_\_\_\_  
(Clerk of Session or Pastor) (Date)

Submit this form via mail, or e-mail, complete with signature(s) to:

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wisnerleigh@yahoo.com