**All applicants should read the instructions carefully before completing the application. The downloadable application form and the instructions and guidelines are provided at**[presbyterianmission.org/financials](https://www.presbyterianmission.org/who-we-are/financials/#unassigned)**. Please type ONLY, minimum 10-point font. Application should not exceed four pages in length.**

**Complete the form below and send it as follows:**

**Session - send proposal application(s) to the Presbytery by July 15**

**Presbytery - send recommended proposal application(s) to the Synod by August 15**

**Synod – submit final application(s) to the Restricted Funds Oversight Subcommittee by September 15**

**Submit completed applications to** [**RFOS-PCUSA@pcusa.org**](mailto:RFOS-PCUSA@pcusa.org)**. Final applicants will be notified of their status in November 2024.**

**Contact Sarah Dunne Pickrell with questions –** [sarah.pickrell@pcusa.org](mailto:sarah.pickrell@pcusa.org)**.**

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| **1. To Be Completed by Requesting Council or General Assembly Entity** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | | | | |  |  | | |
| **PIN** |  | **Applicant** | | | | |  | **Primary Contact E-mail Address** | | |
|  | | |  |  | | | | | | |
| **Fund Number** | | |  | **Fund Restriction** (see General Assembly Mission 2024 Unassigned Funds list) | | | | | | |
| $ | | |  | $ | | | | |  | $ |
| **Grant amount requested** (must equal or exceed $1,000) | | |  | **Total Program/Project Budget** (please complete budget worksheet) | | | | |  | **Amount Granted**  **(For Committee Use ONLY)** |
| **Are you applying to other restricted funds for the same program/project?**  Yes  No | | | | | |  | | | | |
| **If yes, please list fund number(s)** | | | | |
| **Have you previously received a restricted fund grant?**  Yes  No | | | | |  | | | | | |
| **If yes, which year(s) did you receive the restricted fund grant?** | | | | | |

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| **Applicant (Council or General Assembly Entity) Information** |  | **Designated program/project contact person** |
|  |  |  |
| **Name** |  | **Name** |
|  |  |  |
| **Address** |  | **Phone Number** |
|  |  |  |
| **City, State, ZIP Code** |  | **E-mail Address** |

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**If the applicant is a church (session), please provide the following Reported Statistics information for the calendar year:**

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| --- | --- | --- | --- | --- |
| **Church Membership** |  |  | **Operating Budget** | $ |
| **Average Worship Attendance** |  |  | **Amounts Contributed to Presbytery, Synod, and GA (Excluding Per Capita)** | $ |

**Proposed Use:** The proposed use should be responsive to the Evaluation Guidelines on page 4 of the grant application process instructions. If the proposed use is for church building/repair or a scholarship, **stop** [see Church Building Aid and Student Financial Aid Inquiries on page 6 of application instructions]. Approved applications receive a one-time grant distributed in a lump sum. Grants must be used within two years of distribution.

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| **Applicant** | **PIN** | **Fund Number** |

**Proposed Use (continued):**

1. **Please provide a brief description of the program/project for which funding is requested below.**

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1. **Is the program/project on-going, or is it a new initiative? Please explain below.**

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1. **Are funds being received from other sources to support this program/project? If so, what are the sources, and how much?**

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1. **Background (more detailed description of program/project, and please show partnership with other mid councils)**

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| **Applicant** | **PIN** | **Fund Number** |

**2. Budget for Project/Program (Revenue Should Equal Expense)**

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| --- | --- | --- | --- | --- |
| Revenue Item | **Amount** |  | **Expense Item** | **Amount** |
| Total Grant Funding Request | $ |  | Planning | $ |
| Individual Contribution(s) | $ |  | Promotional Materials and Advertising | $ |
| Presbytery Contribution(s) | $ |  | Leadership Honoraria | $ |
| Synod Contribution(s) | $ |  | Leadership Travel/Housing/Meals | $ |
| Other:  (Describe each item over 10% of budget) | $ |  | Other:  (Describe each item over 10% of budget) | $ |
| Tuition and Fees from Participants | $ |  | Subsidies to Participants | $ |
| **Total Project Revenue** | **$** |  | **Total Project Expense** | **$** |

**3. Comments**

**Presbytery**

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**Synod**

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| **Applicant** | **PIN** | **Fund Number** |

# **4. Required Signatures**

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| **Councils** | | | | | | |
|  |  |  |  |  |  |  |
| **Clerk of Session/Authorized Signer** |  | **Church or NWC Name** |  | **Signature** |  | **Date** |

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| **Presbytery** | | | | | | |
|  |  |  |  |  |  |  |
| **Presbytery Representative** |  | **Presbytery** |  | **E-mail Address** |  | **Phone** |
|  |  |  |  |  |  |  |
| **Address** |  | **City, State, ZIP Code** |  | **Signature** |  | **Date** |

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| **Synod** | | | | | | |
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| **Synod Representative** |  | **Synod** |  | **E-mail Address** |  | **Phone** |
|  |  |  |  |  |  |  |
| **Address** |  | **City, State, ZIP Code** |  | **Signature** |  | **Date** |

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| **General Assembly Entity** | | | | |
|  |  |  |  |  |
| **Division Director (GA Only)** |  | **Signature** |  | **Date** |
|  |  |  |  |  |
| **Executive Director/President/Stated Clerk** |  | **Signature** |  | **Date** |

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| **Synods and General Assembly Entities must submit completed applications to:** | | |
| Presbyterian Church (U.S.A.)  Restricted Funds Oversight Subcommittee  100 Witherspoon St., Room M007  Louisville, KY 40202-1396 | -or- | [RFOS-PCUSA@pcusa.org](mailto:RFOS-PCUSA@pcusa.org)  (preferred) |
| **By September 15, 2024** | | |