



**PRESBYTERIAN CHURCH (U.S.A.)  
APPLICATION FOR THE USE OF RESTRICTED FUND (2024)**

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](http://presbyterianmission.org/financials). 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).

**1. TO BE COMPLETED BY REQUESTING COUNCIL OR GENERAL ASSEMBLY ENTITY**

_____	_____	_____
<b>PIN</b>	<b>Applicant</b>	<b>Primary Contact E-mail Address</b>

_____	_____	_____
<b>Fund Number</b>	<b>Fund Restriction</b> (see General Assembly Mission 2024 Unassigned Funds list)	
\$ _____	\$ _____	\$ _____
<b>Grant amount requested</b> (must equal or exceed \$1,000)	<b>Total Program/Project Budget</b> (please complete budget worksheet)	<b>Amount Granted</b> (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?

<u><b>Applicant (Council or General Assembly Entity) Information</b></u>	<u><b>Designated program/project contact person</b></u>
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_____	_____
<b>Name</b>	<b>Name</b>
_____	_____
<b>Address</b>	<b>Phone Number</b>
_____	_____
<b>City, State, ZIP Code</b>	<b>E-mail Address</b>

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

<b>Church Membership</b>		<b>Operating Budget</b>	\$ _____
<b>Average Worship Attendance</b>		<b>Amounts Contributed to Presbytery, Synod, and GA (Excluding Per Capita)</b>	\$ _____

**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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**Proposed Use (continued):**

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

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

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

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



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**2. BUDGET FOR PROJECT/PROGRAM (REVENUE SHOULD EQUAL EXPENSE)**

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	\$	
<b>Total Project Revenue</b>	<b>\$</b>		<b>Total Project Expense</b>	<b>\$</b>	

**3. COMMENTS**

**Presbytery**

**Synod**



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**4. REQUIRED SIGNATURES**

**Councils**

_____	_____	_____	_____
<b>Clerk of Session/Authorized Signer</b>	<b>Church or NWC Name</b>	<b>Signature</b>	<b>Date</b>

**Presbytery**

_____	_____	_____	_____
<b>Presbytery Representative</b>	<b>Presbytery</b>	<b>E-mail Address</b>	<b>Phone</b>
_____	_____	_____	_____
<b>Address</b>	<b>City, State, ZIP Code</b>	<b>Signature</b>	<b>Date</b>

**Synod**

_____	_____	_____	_____
<b>Synod Representative</b>	<b>Synod</b>	<b>E-mail Address</b>	<b>Phone</b>
_____	_____	_____	_____
<b>Address</b>	<b>City, State, ZIP Code</b>	<b>Signature</b>	<b>Date</b>

**General Assembly Entity**

_____	_____	_____
<b>Division Director (GA Only)</b>	<b>Signature</b>	<b>Date</b>
_____	_____	_____
<b>Executive Director/President/Stated Clerk</b>	<b>Signature</b>	<b>Date</b>

**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**