



PRESBYTERIAN CHURCH (U.S.A.) APPLICATION FOR THE USE OF RESTRICTED FUNDS 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. Please type *ONLY*, minimum 10-point font. Application should not exceed four pages in length.

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. Final applicants will be notified of their status in November 2024.

Contact Sarah Dunne Pickrell with questions - sarah.pickrell@pcusa.org.

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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list fund number(s) _____ | | |
| Have you previously received a restricted fund grant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which year(s) did you receive the restricted fund grant? _____ | | |

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

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

| | | | |
|-----------------------------------|--|--|----|
| 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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| | | |
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| | | |
| Applicant | PIN | Fund Number |

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 | \$ | |
| Total Project Revenue | \$ | | Total Project Expense | \$ | |

3. COMMENTS

Presbytery

Synod



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| | | |
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4. REQUIRED SIGNATURES

Councils

| | | | |
|---|---------------------------|------------------|-------------|
| _____ | _____ | _____ | _____ |
| Clerk of Session/Authorized Signer | Church or NWC Name | Signature | Date |

Presbytery

| | | | |
|----------------------------------|-------------------|-----------------------|--------------|
| _____ | _____ | _____ | _____ |
| Presbytery Representative | Presbytery | E-mail Address | Phone |

| | | | |
|----------------|------------------------------|------------------|-------------|
| _____ | _____ | _____ | _____ |
| Address | City, State, ZIP Code | Signature | Date |

Synod

| | | | |
|-----------------------------|--------------|-----------------------|--------------|
| _____ | _____ | _____ | _____ |
| Synod Representative | Synod | E-mail Address | Phone |

| | | | |
|----------------|------------------------------|------------------|-------------|
| _____ | _____ | _____ | _____ |
| Address | City, State, ZIP Code | Signature | Date |

General Assembly Entity

| | | |
|------------------------------------|------------------|-------------|
| _____ | _____ | _____ |
| Division Director (GA Only) | Signature | Date |

| | | |
|--|------------------|-------------|
| _____ | _____ | _____ |
| Executive Director/President/Stated Clerk | Signature | Date |

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
(preferred)

By September 15, 2024