

# Presbyterian Mental Health Ministry Grant Program Application Form

## Instructions for applicants

This grant program provides 'seed money' to Presbyterian congregations, mid-councils, and seminaries for the purpose of initiating or advancing mental health ministries that educate, equip and empower churches to reach out to and with people living with mental health challenges and their loved ones:

- To expand mental health awareness, understanding of mental health issues, and advocacy for mental health services
- To reduce the stigma surrounding mental illness, especially serious mental illnesses
- To become more welcoming and supportive faith communities for people living with mental health challenges

Priority will be given to funding projects with the widest potential impact that fulfill one or more of the Comfort My People Action Recommendations for congregations, mid-councils, and seminaries adopted by the 223rd General Assembly.

Before completing your application, you are encouraged to read the following accompanying documents:

- *Applicants' Guide* to the Mental Health Ministry Grant Program
- Grant Application Form (fillable pdf form)
- *Comfort My People Action Recommendations* for Congregations, Mid-Councils, and Seminaries adopted by the 223rd GA (2018)
- Tips for Writing a Strong Grant Proposal

Please complete this application form in its entirety using additional pages as needed. After you have completed the form, you can download and print it out for signing. It can then be submitted as an attachment to an email, or mailed as a hard copy to:

Mental Health Ministry Grant Program  
Attn: Lacey Hunter, Manager of Finance and Administration  
Compassion, Peace and Justice  
Presbyterian Mission Agency  
100 Witherspoon Street  
Louisville, KY 40202  
Email: [Lacey.Hunter@pcusa.org](mailto:Lacey.Hunter@pcusa.org)



Presbyterian Mission  
**Compassion,  
Peace & Justice**

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Date of application: \_\_\_\_\_

Name of Project: \_\_\_\_\_

Name of Contact person: \_\_\_\_\_

## General Information

Grant Recipient:    Congregation        Mid-council        Seminary

Name of grant recipient: \_\_\_\_\_

Address of grant recipient: \_\_\_\_\_

Telephone numbers: \_\_\_\_\_

Website address: \_\_\_\_\_

If a congregation or seminary, name of presbytery: \_\_\_\_\_

## Total amount of money requested from the Grant Program

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

The amount requested represents \_\_\_\_\_% of the total budget for the project.

## Designated point-of-contact information

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Role in project: \_\_\_\_\_

Physical Mailing Address (no PO Boxes): \_\_\_\_\_

Cell phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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## Proposed Project Information

Name and one sentence description of proposed project:

Who initiated the project and how will they be involved?

Anticipated start date:

Anticipated end date:

Summary of proposed project (maximum of 150 words):

Which *Comfort My People* action recommendation/s will the project address?  
(Please see List of Recommended Actions)

Please explain how your project will benefit people living with mental health challenges and their families, and help to end the stigma surrounding mental illness, especially serious mental illness?

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**Who is the intended audience of your project (e.g., congregational members/leaders, pastors, mid-council, seminary students/faculty, elected officials, wider community, ecumenical partners, people within these communities who are living with mental health conditions and their loved ones)?**

**What input have you sought/received from people living with mental illness/their families in the process of developing your proposal?**

**Is there an advocacy component to your proposed project? If so, please described its intended audience and impact.**

**Are you working with other partners in this project? If so, please list them, and explain what each partner will contribute to the project.**

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**Please translate what you hope to accomplish through this project into 3-7 specific goals, and list these below. (e.g., “Each pastor and at least 3 other people from every congregation in our presbytery will take a Mental Health First Aid Training Course”)**

**Please summarize how you will evaluate your project in relation to your goals and/or other criteria by which you will evaluate your project and capture your learning from it.**

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## Worksheet for Proposed Project Budget

Use a separate page if necessary. **TOTAL INCOME** must equal **TOTAL EXPENSES**.

### INCOME SOURCES

- Mental Health Ministry Grant \$ \_\_\_\_\_
  - Individual Cash Donations \$ \_\_\_\_\_
  - In-kind donations \$ \_\_\_\_\_
  - Fundraising Events \$ \_\_\_\_\_
  - Other grants (list source, amt for each) \$ \_\_\_\_\_
  - Other income (list source, amt for each) \$ \_\_\_\_\_
- TOTAL INCOME:*** \$ \_\_\_\_\_

### ESTIMATED EXPENSES

Please itemize any amount over 2% of your total anticipated expenses.

- Item \$ \_\_\_\_\_
  - Item \$ \_\_\_\_\_
  - Item \$ \_\_\_\_\_
  - Item \$ \_\_\_\_\_
  - Item \$ \_\_\_\_\_
  - Item \$ \_\_\_\_\_
  - Item \$ \_\_\_\_\_
  - Item \$ \_\_\_\_\_
  - Item \$ \_\_\_\_\_
  - Item \$ \_\_\_\_\_
- TOTAL EXPENSES:*** \$ \_\_\_\_\_

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## Final Report

Please note that all grantees are expected to submit a written report within 12 months of receiving funds. Depending on the project timeline, this may be an interim or final report. Guidelines for each are contained in the Grant Program Procedures Manual on pages 7 and 8. An important element will be what you have learned from the project that will be of value to you and others engaged in mental health ministry.

## Signature of Organizational Executive

This application must be signed by the Clerk of Session, the Presbytery Leadership, or the Seminary faculty or staff member responsible, or someone otherwise designated to apply for these funds. Please note that if a grant is awarded, the grantee is expected to agree to the terms and guidelines laid out in the Grant Program Procedures Manual and signed Grant Agreement. It is understood that a request for funds implies that the Presbyterian Mission Agency may send a representative, at PMA's expense, to assess the needs of the community.

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Printed Name \_\_\_\_\_

Phone number \_\_\_\_\_

Email \_\_\_\_\_

Organization position \_\_\_\_\_

Organization Name \_\_\_\_\_