

Today's Date _____

DEADLINE DATE: AUGUST 15, 2005

PRESBYTERY OF NEW HOPE APPLICATION FOR OUTREACH MINISTRY GRANT

Criteria for consideration in awarding monies

1. The program operates within the geographical boundaries of the Presbytery of New Hope.
2. The program has the endorsement of a Presbyterian church within the Presbytery. (A letter of endorsement from the pastor of a local Presbyterian congregation should be included along with the application.)
3. The program clearly demonstrates that the people who benefit from the program are involved appropriately in the creation and implementation of the program.
4. The organization requesting funds is obtaining local funding and support also from area churches and civic organizations.
5. The need for service in the area is clearly demonstrated and does not duplicate services being provided by other organizations.

PROGRAM _____ DIRECTOR _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ TELEPHONE () _____

BRIEF DIRECTIONS (to the program site) _____

NAME OF SPONSORING LOCAL PRESBYTERIAN CHURCH OR LOCAL CHURCH OF ANOTHER
DENOMINATION _____

On a separate sheet(s) of paper, respond to the following:

DESCRIPTION OF PROGRAM

1. What human need(s) does the proposed or continuing program seek to meet?
2. How long has the program been in operation and what is it accomplishing?
3. Identify the groups or individuals (and their age levels) the program has served. Identify the number of persons served in the past 12 months or since the program's inception .
4. List the goals the program will pursue in the next 12 months and plan for accomplishments, and evaluation of success. Include the approximate numbers and types of people to be helped.
5. List all the churches and organizations involved in the program?

PROGRAM FUNDING INFORMATION

1. Provide an itemized budget for 2005 including a list of all funding sources.
2. Provide the total budget for current year. List all expenses under appropriate heading.

Personnel (salaries and benefits)
Operating Expenses (rent, utilities, etc.)
Program (specific program costs)
Other Expenses (itemized)

TOTAL EXPENSES

3. List all income and sources for current year.
4. **AMOUNT REQUESTED FROM THE PRESBYTERY OF NEW HOPE OUTREACH
MINISTRY GRANT PROGRAM \$ _____ .**

(Grants are limited to \$2,000)

For what specific purpose(s) will this grant money be used?

Signature of Program Director _____

PLEASE COMPLETE AND RETURN TO:

**THE PRESBYTERY OF NEW HOPE
OUTREACH COMMITTEE
2309 SUNSET AVENUE
ROCKY MOUNT NC 27804**

(FOR OFFICE USE ONLY)

RECOMMENDATIONS OF OUTREACH MINISTRY UNIT

**APPROVED
DENIED
REASON**