

Today's Date \_\_\_\_\_

DEADLINE DATE: **AUGUST 15, 2005**

Date Received: \_\_\_\_\_

**PRESBYTERY OF NEW HOPE APPLICATION FOR DOMESTIC HUNGER GRANT**  
**(Pennies for Hunger/2 Cents Per Meal)**

**Criteria for consideration in awarding monies**

1. The program operates within the geographical boundaries of the Presbytery of New Hope.
2. The program has one or more Presbyterian churches in the Presbytery involved in the planning and implementation or endorsement of the program. A letter from at least one Presbyterian Church in your area needs to be included with your application.
3. The program demonstrates that those benefiting from the program are involved in the creation and implementation of the program. Please explain how this is being accomplished.
4. The program helps the participant in so far as possible to become self-reliant.
5. The program addresses chronic conditions of hunger with long-range and short-range solutions.
6. The program demonstrates that it makes use of the N.C. Food Bank or Albemarle Food Bank.

NAME OF PROGRAM \_\_\_\_\_ DIRECTOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE (     ) \_\_\_\_\_

BRIEF DIRECTIONS (to the program site) \_\_\_\_\_

NAME OF SPONSORING LOCAL PRESBYTERIAN CHURCH \_\_\_\_\_

IN ADDITION TO RESPONDING TO THE ABOVE CRITERIA, PLEASE ANSWER ON A SEPARATE PAGE(S) THE FOLLOWING:

1. What human need(s) does the proposed or existing program seek to meet?
2. How long has the program been in operation and what has been accomplished?
3. Identify the types of groups or individuals and age levels you have served, and the number of persons served in the past twelve months or since the program began.
4. List the goals you will pursue in the next twelve months. Include the approximate numbers and types of people you hope to help?
5. Please list all the churches and organizations involved with your program?

**FUNDING INFORMATION ON THE PROGRAM**

Total budget for current year \$ \_\_\_\_\_

<b>EXPENSES</b> (please list in this column a figure opposite appropriate heading)	<b>INCOME</b> (please list in this column all income and sources)
Personnel (salaries) \$ _____ \$ _____ \$ _____	
Operating (rent, util.) \$ _____	
Program (food costs, any direct aid to persons served) \$ _____	
Other expenses (list) \$ _____	
<b>TOTAL EXPENSES</b> \$ _____	<b>TOTAL INCOME</b> \$ _____

**AMOUNT REQUESTED FROM THE PRESBYTERY OF NEW HOPE DOMESTIC HUNGER GRANT - COMMITTEE** \$ \_\_\_\_\_

For what purpose will this grant money be used? \_\_\_\_\_  
\_\_\_\_\_

IS THIS PROGRAM CURRENTLY PARTICIPATING IN THE N.C. FOOD BANK OR ALBEMARLE FOOD BANK AND IF SO HOW?

Yes                      No  
\_\_\_\_\_

\_\_\_\_\_  
Signature of program director

\_\_\_\_\_  
Signature of a representative of sponsoring Presbyterian Church

**PLEASE COMPLETE AND RETURN TO:**

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

**RECOMMENDATIONS OF HUNGER COMMITTEE:** Recommended for \$ \_\_\_\_\_  
**Denied (reason)** \_\_\_\_\_