

SNAP Grant Salem Neighborhood Assistance Program Grant Application

For office use only

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Received: _____ / _____ / _____. Mailed to T/F: _____ / _____ / _____. Mailed to Chair: _____ / _____ / _____. RQ Mailed T/F: _____ / _____ / _____.	Funds Requested: _____ Funds Paid: _____ _____ _____
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1. This grant requires two or more Presbyterian congregations to network in applying for this grant.
2. This grant shall be for a new, innovative, creative program or mission to witness to the love of Christ and the great ends of the Church. (G. I. 0200)
3. This grant shall be reviewed by the neighborhood Presbyter, and then forwarded to the neighborhood Council or to Presbytery Council for recommendations prior to being circulated electronically for a neighborhood polling of endorsement or rejection by the neighborhood commissioners that attended the most recent Stated Meeting of Presbytery. A 60% approval of those responding shall ordinarily be required for grant approval.

I GENERAL INFORMATION

As partnering is an important part of consideration, the application is to reflect sponsorship or endorsement by the appropriate neighborhood session(s), committee or task group of the presbytery, agency or organization.

Date: _____ / _____ / _____

Neighborhood Partners (churches/organizations participating) _____

Name of persons completing this application _____

Title/Office _____

Address _____

Contact Number _____

Endorsement of Both Church Sessions

1. _____	Date	Signature Clerk of Session
2. _____	Date	Signature Clerk of Session

Specific Purpose of Grant _____

Explanation of (choose A or B)

A. ___ Explain how this grant will move your neighborhood churches partnerships forward in mission.

B. Explain how this grant will move your neighborhood churches and community organization(s) forward in mission.

II FUNDING

Amount Requested: _____ (Attach Budget)

DURATION: This grant shall be for only 12 months.

For a ministry or mission cause, what do you hope to accomplish, when and how? Please use the following table to identify your most important goals/objectives (up to three). Attach additional sheets if necessary.

<u>Goal/Objective</u>	<u>Expected Outcome</u>	<u>How will it be measured?</u>

- If other Presbytery/Synod funding has been provided from shared ministries funds, please indicate the amount and ministry. So that we might evaluate your application completely, please attach an overall budget, which specifically details what funding you receive each year from other sources including specific presbyteries of the Synod of the Mid-Atlantic or from other funds of the Synod such as the Peacemaking Offering, Jubilee Fund, Speer Fund, etc.
- If you receive funding from other sources (private, United Way, or other organizations outside the PCUSA) please list them, along with terms and amount of the grants.

By signing below, We certify that the funds sent by Salem Presbytery as described above will be spent according to the grant's intention. If there is any additional information, please attach a separate page.

Applicant Signature and Date

Presbytery Signature and Date

III. EVALUATION (To be completed within 12 months of the date of the grant award)

Please complete the following table identifying up to three programmatic objectives (which should be part of your original application), expected outcomes, and actual results. Attach additional sheets if necessary.

Objective	Expected Outcome	Actual Result/Outcome

Attach a summary of expenditures detailing how the grant was used and forward to Salem Presbytery Office no later than year ending of receipt of funds.

By signing below, We certify that the funds sent by Salem Presbytery as described above were spent according to the grant's intention. If there is any additional information, please attach a separate page.

Applicant Signature and Date

Presbytery Signature and Date

1. _____

2. _____

Salem Presbytery
Attn: Salem Neighborhood Assistance Program Evaluation
P.O. Box 1763
Clemmons, NC 27012
Fax: 336-766-7153
Office: 336-766-3393

Revised: January 2010