**DO NOT**

**FILL OUT THE APPLICATION FORM**

**ON THE NEXT PAGE**

**WITHOUT READING**

**THE BETTER TOGETHER FUND**

**GRANT GUIDELINES**

**APPLICATION FORM**

Please complete this form and submit it by email or US Mail. Emails should include a copy of this form, the answers to the following statements and questions and the Mission Presbytery committee minutes endorsing your application. Emails should be sent to [**missionpby@missionpby.org**](mailto:mojc@mission-presbytery.org). Applications may also be sent by US mail to Mission Presbytery, Attn: Accountant, 7201 Broadway St., Suite 303, San Antonio, TX 78209.

Name of the congregation initiating the grant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website (if available): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**On separate pieces of paper, please answer these statements and questions:**

1. Briefly describe the purpose of the project for which you are requesting funds including the number of people served by this project.
2. Briefly explain how it will help the Presbytery fulfill its mission.
3. Please list the needs being addressed by this request.
4. How will you assess the impact of this project/program? Whom do you predict will benefit from the project over the next 1-3 years?
5. Please explain the supervision and accountability for this financial support.
6. Are there other sources of funding for this request?
7. Explain how these funds will be used (be specific).
8. Total budget for the current year: $\_\_\_\_\_\_\_\_\_\_\_
   1. Estimate the total cost of this project/program: $\_\_\_\_\_\_\_\_\_\_\_
   2. Amount sought from MP’s Better Together Fund: $\_\_\_\_\_\_\_\_\_\_\_
   3. Date when funds are needed: \_\_\_\_\_\_\_\_\_\_\_\_
9. List the PCUSA/Mission Presbytery collaborators on this grant and the roles of each.
10. Please name the Committee of Mission Presbytery that endorses this grant request. Please ask the Committee Chair for a copy of the Committee minutes endorsing your application and attach it to this application.
11. To whom should we make out the check? Where should the check be sent?