**Presbyterian Mental Health Ministry Grant Program**

**Application Form**

**Instructions for applicants**

This grant program provides ‘seed money’ to Presbyterian congregations, mid-council bodies and seminaries for the purpose of initiating or advancing mental health ministries that educate, equip, and enable churches to reduce stigma surrounding mental illness and become welcoming, inclusive and supportive communities for people living with mental illness and their loved ones.

Before completing your application, you are encouraged to read the accompanying materials. These include: (1) *Grant Program Procedures Manual* that describes the grant making timeline and process, (2) *Comfort My People: A Policy Statement on Serious Mental Illness*, (3) *List of Recommended Actions for Congregations, Presbyteries, and Seminaries;* (4) *Project Ideas and Examples*; (5) *What does a successful proposal look like?*

Please complete this form in its entirety using additional pages as needed. It can be submitted electronically as an email attachment, or mailed 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

**Application Form**

**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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?**

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

**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.**

**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 sign up for Mental Health First Aid Training,”)**

**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.**

**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 $\_\_\_\_\_\_\_\_\_\_**
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* **Item $\_\_\_\_\_\_\_\_\_\_**
* **Item $\_\_\_\_\_\_\_\_\_\_**
* **Etc. $\_\_\_\_\_\_\_\_\_\_**

***TOTAL EXPENSES:*** **$\_\_\_\_\_\_\_\_\_**