

All applicants should read the instructions carefully before completing the application. The downloadable application form and the instructions and guidelines are provided at https://www.presbyterianmission.org/who-we-are/financials/. Please type ONLY.

Complete the form below and send it as follows:

Session - send proposal application(s) to the Presbytery by September 1

<u>Presbytery</u> - send recommended proposal application(s) to the Synod by <u>October 1</u>

Synod – submit final application(s) to the Restricted Funds Oversight Subcommittee by November 1

Final applicants will be notified of application status in December 2023.

Contact Catherine Reuning for questions - Catherine.Reuning@pcusa.org or (888) 728-7228 x5732.

PIN	Applicant	Primary Contact E-mail Address	
Fund Number	Fund Restriction (see C	General Assembly Mission 2023 Unassigned Funds list)	
\$	\$	\$	
Grant amount requested (must equal or exceed \$1,0		Budget (please complete Amount Grant (For Committee Use	
Are you applying to othe	r restricted funds for		
the same program/projec	et?	ease list fund number(s)	
	ii yes, wiitii yea	r(s) did you receive the restricted fund grant?	
Applicant (Council or C	General Assembly Entity) Infor		t person
			t person
Name		mation Designated program/project contac	t person
Name Address		mation Designated program/project contac	t person
Name Address City, State, ZIP Code	General Assembly Entity) Infor	Mame Phone Number	
Name Address City, State, ZIP Code	General Assembly Entity) Infor	Name Phone Number E-mail Address	

Proposed Use:

The proposed use should be responsive to the Evaluation Guidelines on page 5 of the grant application process instructions. If the proposed use is for church building/repair or a scholarship, **STOP** [see Church Building Aid and Student Financial Aid Inquiries on page 7 of application instructions]. Approved applications receive a one-time grant distributed in a lump sum. Grants must be used within two years of distribution.

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Applicant	PIN	Fund Number
Proposed Use (continued):		
a. Please provide a brief description of the program/	project for which funding is requested be	ow.
Trease pro rue a orier aeserption or the program	projection manages requested ser	
b. Is the program/project on-going, or is it a new init	iative? Please explain below.	
<u> </u>		
c. Are funds being received from other sources to su	pport this program/project? If so, what a	re the sources, and how much?
d. Background (more detailed description of program	n/project, and please show partnership w	th other mid councils)
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Applicant	PIN	Fund Number

2. BUDGET FOR PROJECT/PROGRAM (REVENUE SHOULD EQUAL EXPENSE)

REVENUE ITEM	AMOUNT	EXPENSE ITEM	AMOUNT
Total GAM Grant Funding Request	\$	Planning	\$
Individual Contribution(s)	\$	Promotional Materials and Advertising	\$
Presbytery Contribution(s)	\$	Leadership Honoraria	\$
Synod Contribution(s)	\$	Leadership Travel/Housing/Meals	\$
Other:	\$	Other:	\$
(Describe each item over 10% of budget)		(Describe each item over 10% of budget)	
Tuition and Fees from Participants	\$	Subsidies to Participants	\$
Total Project Revenue	\$	Total Project Expense	\$

3. COMMENTS

Presbytery

Synod

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Applicant	PIN	Fund	Number
REQUIRED SIGNATURES			
<u>Councils</u>			
Clerk of Session	Church Name	Signature	Date
<u>Presbytery</u>			
Presbytery Representative	Presbytery	E-mail Address	Phone
Address	City, State, ZIP Code	Signature	Date
Synod			
	Synod	E-mail Address	Phone
	Synod City, State, ZIP Code	E-mail Address Signature	Phone Date
Synod Representative Address General Assembly Entity			
Synod Representative Address			

Synods and General Assembly Entities must submit completed applications to:

Presbyterian Church (U.S.A.) Restricted Funds Oversight Subcommittee 100 Witherspoon St., Room M007 Louisville, KY 40202-1396

-or-

RFOS-PCUSA@pcusa.org

By November 1, 2023

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