



Presbyterian Mission
**Racial Equity & Women's
 Intercultural Ministries**

Grant Application

Please indicate the office to which you are applying: (Please indicate only one)		
	African American Intercultural Congregational Support	Leadership Development & Recruitment for Leaders of Color
	African Intercultural Ministries	Middle Eastern Intercultural Ministries
	Asian Intercultural Congregational Support	Native American Intercultural Congregational Support
	Gender & Racial Justice	Racial & Intercultural Justice
	Hispanic / Latino-a Intercultural Congregational Support	Women's Leadership Development & Young Women's Ministries
	Korean Intercultural Congregational Support	

Today's Date: _____ Dates of the Event/Granting Period: _____

Amount Requested: \$ _____ Reason for Grant/ Event: _____

Is this a first time application for funding? Yes _____ No _____

If not, please list date(s)/years funding was received? _____ and grant(s) award amounts \$ _____

Contact Person: _____ Email: _____
 First Name Middle Initial Last Name

Phone: Work: _____ Cell: _____ Fax: _____

Pastor/Leader: _____ Position Title: _____ Email: _____

Church/Organization Name: _____

Address: _____
 City State Zip

Project location, if different from address above: _____

Website: _____ Presbytery: _____ Synod: _____

1. Please attach 1 – 3 pages to the Grant Application and include a detailed description of the project:
 - a. Please describe the church/organization's mission and or vision.
 - b. Please specify the needs to be met by the grant. What are your purpose and goals?
 - c. Describe how the grant will be used.
 - d. Attach a budget, reflecting both projected income and expenses.
 - e. Please submit grant application including back up documentation.

***The Presbyterian Mission Agency cannot assure future funding beyond this grant, due to decline in funds available.**

****If the grant is awarded, you will be required to submit a written report in detail of how the grant was used, what you learned and experienced. By signing below, you agree to this requirement. If you fail to meet this requirement, you will be ineligible for future funding.**

Signature: _____ Date: _____