



(PNENJ)

Grant Application Form

Name of Applicant/Organization		
Contact Person		
Sponsoring Session/Agency		
Date Project Approved		
Email Address (es)		
Tel. (day)	(evening)	(cell)
Mailing Address:		

During this transition period, the Presbytery of the Northeast NJ offers a granting source for congregations and congregation sponsored agencies who are ready to develop new initiatives for community engagement, evangelism, and mission with a focus on their specific contexts.

Grant Levels and Application Deadlines

- Grants are awarded on an annual basis and are renewable.
- Applications are received and reviewed two times per year.
- Application deadlines are October 1st and April 1st. The Commission will acknowledge applications on receipt and communicate a decision within 4-6 weeks following the deadline for applications.

Grants are awarded in the following categories:

1. For New church or community Projects. **(NP)**
2. To support projects/programs of Multicultural Groups **(MG)** of the presbytery
3. To expand Ongoing Projects/Programs **(OP)** that demonstrate effective fulfillment of their goals and continue to meet the need(s) for which they were created.
4. To Develop Leaders **(DL)** for discipleship and mission.

Project/Program Name:	
Amount Requested:	\$
Total budget for the project/program \$	

Check one: **NP Grant** **MG/OP Grant** **DL Grant**



PRESBYTERY OF
NORTHEAST
NEW JERSEY

Grant Application Form

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Please give a brief description of your project/program

1. How does the project/program relate to one or more of the categories?

NP Grant

MG/OP Grant

DL Grant

2. Please summarize how your project/program intends to grow discipleship, renew congregations and/or serve a more inclusive, diverse community.

3. What are the goals of the project/program?

4. Who will benefit from this project/program? How?

5. Briefly describe how the project/program will be implemented.

6. Who will be involved in the implementation?

7. What is the timeline for implementation of your project/program?

8. What other sources of funding will be used?

9. Briefly describe how the project/program was developed:

-Who was involved?

-How have you determined that the project meets the mission needs of your group/ congregation or needs of your community?

Signed (Name of Person Completing Application)

Name and Title

Date

Signature

Date

Please send Application to:

Elder Jerome Bishop Lane Jr.
Community Ministry Organizer
Presbytery of Northeast New Jersey
340 W Passaic Street, 3rd Floor
Rochelle Park, NJ 07662
(973) 873-0700 jerome@pnenj.org