



Grants Commission Application

Date: _____

Name of Agency/Organization _____

Contact Person _____ Email Address _____

Telephone _____

Mailing Address _____

Program Name _____

Check One: _____ Initial Application _____ Application Renewal

Sponsoring Session _____

Has the session approved the grant application? _____

Please describe your program:

Describe how the program was developed: Who was involved?

How was it determined there was a need for your program?

How have you determined that the program meets the mission of the sponsoring congregation?

What are the primary goals of your program?

Describe how this program will be implemented. Who will be involved in the implementation?

Who will benefit from this program? How?

What impact do you anticipate for the sponsoring congregation?

What is the timeline for implementation of your program?

How will you evaluate the effectiveness of your program?

What is the estimated total budget for the program? _____

What other sources of funding will be used? Please include any Presbyterian sources.

How will the sponsoring church contribute to the program (dollars, in-kind, volunteer)?

Signed (Name of Person Completing Application)

Clerk of Session

Date Program was Approved by Session

Presbytery of the Northeast, New Jersey
Mission Grants Commission
Grant Evaluation Form

Organization: _____

Sponsoring Presbyterian Congregation: _____

Brief project description: _____

What joys and celebrations have taken place since receiving the last Presbytery grant?

What concerns does the project currently have?

(Briefly describe what is not working or causing your project difficulties, and share what you are doing to solve these problems.)

What goals have been met since receiving the last Presbytery grant?

How has the sponsoring congregation been involved in the project?

What have you learned? What goals and objectives do you have for the next phase of the project?

Attach a copy of your balance sheet as well as a statement of income and expenses.

Date: _____

Name person completing form: _____

Contact information: _____