



**Church Mission with Community Agency Partner Grant Application  
(Spring 2025)**

Date: \_\_\_\_\_

Name of Church \_\_\_\_\_

Contact Person \_\_\_\_\_

Email Address \_\_\_\_\_

Telephone \_\_\_\_\_

Name of Agency/Organization \_\_\_\_\_

Contact Person \_\_\_\_\_ Email Address \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Mission Project Name \_\_\_\_\_

Check One: \_\_\_\_\_ Initial Application \_\_\_\_\_ Application Renewal

Amount Requested \_\_\_\_\_

Has the session approved the church mission project and grant application?

\_\_\_\_\_

Please describe your mission project:

Give a brief history of your mission project.

How was it determined there was a need for your mission project?

How have you determined that this mission project meets the mission of your congregation?

What are the primary goals of your mission project?

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

Who will benefit from this mission project? How?

What impact do you anticipate for your congregation?

What is the timeline for implementation of your mission project?

How will you evaluate the effectiveness of your mission project?

What is the estimated total budget for the mission project?

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

How will your church contribute to the mission project (dollars, in-kind, volunteer)?

Signed (Name of Person Completing Application)

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Clerk of Session

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Date mission project was Approved by Session or Mission Commission

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**Presbytery of the Northeast, New Jersey  
Grant Evaluation Form**

Name of Church\_\_\_\_\_

Contact Person\_\_\_\_\_

Email Address\_\_\_\_\_

Telephone\_\_\_\_\_

Mission Project Title\_\_\_\_\_

Community Organization:

\_\_\_\_\_

Brief mission project description:

\_\_\_\_\_

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

What concerns does your mission 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 your congregation been involved in the mission project?

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

Attach a copy of your mission project's balance sheet as well as a statement of income and expenses.

Date: \_\_\_\_\_

Name person completing form: \_\_\_\_\_

Contact information: \_\_\_\_\_

Session or Mission Commission Approval

Date: \_\_\_\_\_

Mission Project moderator or Clerk of

Session: \_\_\_\_\_

Return to [jerome@pnenj.org](mailto:jerome@pnenj.org) on or before April 11th, 2025

