GRANT APPLICATION – PRESBYTERY OF RIVERSIDE

After you have read the description of the different grants, please check the box of the one that best suits your request.

Budgeted Funds: (replenished every year)

Camps	Conferences Evangelism New Beginnings Process			
Domestic and World Advocacy				
Mission Partnerships				
New Worshipping Community	Stewardship Training			
Restricted Funds: (Limited)				
Hunger	Hispanic Ministry			
Multi-Cultural Ministry Peacemaking	New Church Development			
Have you previously received a grant	t from Presbytery? yes no			
f yes, what year? Current Grant Request: \$				
Applicant name and address (or church or re	elated mission partner)			
Name Email				
Address				
City/State/Zip	Phone			
If applicant is a Church Session, plea	ase provide the following:			
Church Membership Current Operating Budget \$				
	ons receive a one-time grant, distributed in a lump sum. of distribution. Please limit response to sections a – e to			
a) Short Description (briefly describe the program/project for which funding is requested):				
b) Is this an ongoing program/project or a new initiative (please explain):				
,	other sources to support this program/project? d how much? (Attached budget if applicable)			
d) Background (more detailed de	scription of program/project, and please indicate			

partnership with other governing bodies or other entities):

organization/church?

e) How do plan to utilize or integrate this unique learning when you return to your

Total Budget for Project/Program (Revenue Should Equal Expenses)

Revenue Item	Amount	Expense Item *	Amount		
Grant Requested					
Individual Contribution(s)					
Presbytery					
Synod					
Other: (Describe each item over 10% of budget)					
Total Project Revenue		Total Project			
* List and describe each major expense item or you can attach a budget					
Signatures					

Applicant	Print name	Date
If church:		
Clerk of Session	Print name	Date
Related Mission Partner	Print name	Date