

# **SYNOD OF SOUTHERN CALIFORNIA AND HAWAII**

## **RESTRICTED AND SPECIAL FUNDS APPLICATION INSTRUCTIONS, GUIDELINES AND APPLICATION FORM**

### **APPLICATION PROCESS (The Application Form begins on page 3, following the Guidelines.)**

Restricted and Special Funds of the Synod of Southern California and Hawaii are available for application by all presbyteries within the Synod. Synod Related Mission Partners may also apply for these grants as long as the project is supported by at least two presbyteries.

The maximum amount for a grant will generally be \$15,000 or the amount in the fund, whichever is less. The Synod may also consider a grant application in excess of this amount. The Restricted and Special Funds Committee (sometimes referred to as the Committee) may also choose to award a grant recipient less than the amount requested in its initial application. Consideration will be given to projects where matching funds from local sources are available. Typically, grants are not intended to be solely used for ongoing staff salaries.

Grants are made on a one-time basis and must be used within one year from the date a grant is distributed or the specified time period described in the application. The grant will usually be distributed in a lump sum, but may be distributed as periodic payments. Any funds not used within said time period shall be returned, unless otherwise agreed upon with the Committee. It is the responsibility of the grant recipient to provide a final written report on the project which will include a presentation at a meeting of the Commission of Assembly and perhaps a broader group as well. The report should review the project and share with the group what worked, what did not work, and what could have been done differently. This is intended to provide a learning and motivational experience for all.

The Synod may also require the recipient to provide periodic progress reports as a condition of the grant. Ordinarily, a governing body that has previously received a grant cannot receive an additional grant until an evaluation has been submitted or confirmation provided that funds were spent appropriately.

A requesting council or Related Mission Partner must complete an application form describing the proposed use for the funds and the income and expenses of the project. Requests submitted by churches must be approved by the session and signed by the Clerk of Session. Such requests also must be endorsed by the Presbytery. Requests from Related Mission Partners must be endorsed by at least two presbyteries. Requests from presbyteries are to be signed by the presbytery executive or authorized representative.

### **APPLICATION REVIEW PROCESS**

To be considered, application descriptions must be consistent with donor restrictions. Because there is a limited amount of money in the funds, the Committee makes every effort to review each application based on completeness of the application, evaluation guidelines in the next section and merit of the program/project. In addition, the Committee encourages partnership with other governing bodies whenever possible.

### **EVALUATION PROCESS AND GUIDELINES**

The Restricted and Special Funds Committee will review applications and make recommendations based on the factors set out below. Applicants should consider

guidelines as they are writing an application to the extent they are relevant for the particular project.

1. Does the project meet the restrictions for an available fund?
2. What is the degree of Presbytery involvement?
3. What is the availability of matching funds?
4. What amount of other support is provided by the applicant, including volunteer time and in kind services?
5. What length of time has the applicant supported the project?
6. For start-up programs, what is the availability of other monies to continue the program in the future?
7. How does the program promote the goal of partnership in carrying out the applicant's mission?
8. Where does this fall within the mission priorities of the applicant?
9. How many people does the program serve?
10. What is the amount of local support?
11. What is the evidence of ongoing commitment?
12. What is the program's record of accomplishment?
13. What is the total program cost compared with the application request?
14. What will be the direct impact of the program on people?
15. For new programs, how quickly can the program begin?

A list of donor restrictions can be requested from the Synod office.  
Please send your request to the Synod's Business Manager's email:  
[businessmanager@synod.org](mailto:businessmanager@synod.org).

The Application form begins on the next page.

**SYNOD OF SOUTHERN CALIFORNIA AND HAWAII**  
**APPLICATION FOR USE OF RESTRICTED FUNDS**  
**MATTHEW 25 GRANT REQUEST**

<b>1. To Be Completed by Requesting Session, Related Mission Partner or Presbytery</b>			
If application was made to other restricted funds for <u>same program/project</u> , please list fund numbers:		Grant amount requested (must equal or exceed \$500):	
Have you previously received a restricted fund grant? "No" is the default selection. To answer "Yes" click the "Yes" box.	Yes	No	Total Program/Project Budget (Please complete budget worksheet):
If so, which year did you receive the restricted fund grant? Please enter the year in the box to the right ----->		<b>YEAR &gt;&gt;&gt;&gt;</b>	<b>For Synod Use Only – Amount Granted</b>

Applicant name and address (presbytery, church or related mission partner):

Designated program/project contact:

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_  
**Digits only!**

City, State, Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

If applicant is a church (session) or New Worshipping Community (NWC), please provide the following information for the prior calendar year:

Church Membership (or NWC average attendance) \_\_\_\_\_

Operating Budget \_\_\_\_\_

Amounts Contributed to Presbytery, Synod and GA (Excluding Per Capita) \_\_\_\_\_

Proposed Use: This should be responsive to Evaluation Guidelines found in the application instructions. Approved applications receive a one-time grant. Grants must be used within one year of distribution or specified time period stated in this Application.

There are 4 parts to this "Proposed Use" section, listed below; space for your responses begins on the next page. Please limit your response to sections a – d to no more than two pages and indicate where each of your four responses begins by beginning each response with the letter (a, b, c, d) in this manner:

- a) Your response.....
- b) Your response .....
- c) Your response .....
- d) Your response .....

- 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.):
- c) Are funds being received from other sources to support this program/project? If so, what are the sources and how much?
- d) Background: A more detailed description of program/project, and please indicate partnership with other governing bodies or other entities:

The two pages provided for your responses to these four sections in the "Proposed Use" query begin on the next page.

**Please remember that you will use the following two blank pages to answer all 4 of the questions a-d.**

**SYNOD OF SOUTHERN CALIFORNIA AND HAWAII  
APPLICATION FOR USE OF RESTRICTED FUND**

Proposed Use (Page 1):

Proposed Use (Page 2):

**SYNOD OF SOUTHERN CALIFORNIA AND HAWAII  
APPLICATION FOR USE OF RESTRICTED FUND**

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

<b>Revenue Item</b>	<b>Amount</b>
Individual Contribution(s)	
Presbytery	
Synod Funding Request	
Other: (Describe and list a revenue amount for each additional item over 10% of budget)	
<b>Total Project Revenue</b>	

<b>Expense Item</b> (List and describe each major expense item)	<b>Amount</b>
<b>Total Project Expense</b>	

**SYNOD OF SOUTHERN CALIFORNIA AND HAWAII  
APPLICATION FOR USE OF RESTRICTED FUND**

**2. Presbytery Comment(s) on Proposals from Local Churches and Related Mission Partners**

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**3. Required Signatures**

<b>Clerk of Session or NWC Leader or Related Mission Partner Signer</b>	<b>Church Name or NWC or Related Mission Partner</b>	<b>Signature</b>	<b>Date</b>
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<b>Presbytery Representative</b>	<b>Presbytery Name and Address</b>	<b>Signature</b>	<b>Date</b>
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<b>Presbytery Representative*</b>	<b>Presbytery Name and Address*</b>	<b>Signature*</b>	<b>Date*</b>
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\*Additional Presbytery information and signatures only required for Synod Related Mission Partners

The completed application, with required signatures, should be emailed to the Synod's Business Manager ([businessmanager@synod.org](mailto:businessmanager@synod.org)) who will forward your application to the appropriate Synod Work Group.