

SYNOD OF SOUTHERN CALIFORNIA AND HAWAII PARTNERING GRANT APPLICATION

Partnering Grant Amount Requested (≤\$50,000)	Total Program/Project Budget	SYNOD USE ONLY: Amount Granted
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Applicant name and address

(presbytery, church, or related mission partner)

Name _____

Address _____

City/State/Zip _____

If applicant is a Church Session, please provide the following:

Membership (or NWC attendance) _____

Designated program/project contact:

Name _____

Phone _____

Email _____

Current Operating Budget \$ _____

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

To be filled out by the Presbytery Representative

How does your presbytery contribute to the mission and ministry of the Synod and/or General Assembly?

If applicant is a congregation or mission partner, how do they support the mission of your presbytery?

What assistance is the presbytery providing to this program/project (this could be financial, physical, coaching or support of the pastoral leadership, or other means of showing the presbytery's investment in the project)?

How will the project be evaluated by the presbytery?

Acknowledgement:

_____ In the event this program/project is discontinued, the Presbytery will ensure that all unused Partnering Grant Funds
initial will be returned to the Synod for future use in another project within the Presbytery.

_____ This application was approved by the Presbytery at a stated or called meeting or approved by the executive body
initial of the Presbytery (a copy of the presbytery action is attached to this application)

Presbytery Representative

Presbytery Name and Address

Signature

Date

When the application is submitted via an email address provided within this application, a typed signature is acceptable.

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To be filled out by the Applicant (presbytery, church, or related mission partner)

Short Description (briefly describe the program/project for which funding is requested):

Is this an ongoing program/project or a new initiative? (Please explain.):

Are funds being received from other sources to support this program/project? If so, what are the sources and how much?

Background: A more detailed description of program/project; please indicate partnership with other councils or entities:

Acknowledgement:

_____ In the event this program/project is discontinued, I will ensure that the Presbytery is notified or request the Council
initial (Session equivalent entity) to notify the Presbytery

_____ This application was approved by the Session or Presbytery entity to submit to the Presbytery for approval
initial (a copy of the Session or Committee/Commission/Team/Entity action is attached to this application)

Clerk of Session or
NWC Leader or
Related Mission Partner

Church/NWC Name and Address or
Related Mission Partner

Signature

Date

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SYNOD OF SOUTHERN CALIFORNIA AND HAWAII

PARTNERING GRANT APPLICATION

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

Revenue Item	Amount
Individual Contribution(s)	
Presbytery	
Synod Partnering Grant Request	
Other: (Describe and list revenue amount for each additional item over 10% of budget)	
Total Project Revenue	

Expense Item (List and describe each major expense item)	Amount
Description	
Description	
Description	
Description	
Description	
Description	
Total Project Expense	

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