

SYNOD OF SOUTHERN CALIFORNIA AND HAWAII
JUSTICE, PEACE, AND THE INTEGRITY OF CREATION
GRANT APPLICATION FORM



Please submit this completed application and any documentation requested to:
 Business Manager, Synod of Southern California, and Hawaii, email it to: Business Manager
businessmanager@synod.org

Today's Date:	Date covering the Event or Grant:	\$ Amount Requested:
Event/Reason for Grant:		
Is this a first-time application for funding from JPIC? YES: NO:	If not, please list date(s)/years funding was received?and grants award amount?
Did JPIC receive an evaluation of this event? YES NO:		
Contact person name:		
Email:	Phone (Work)	Cell:
Pastor's Name	Position Title:	Email (if different from above)
Church or Organization Name:	Address:	City/State/ZIP:
Project Name:	Address (if different from above) :	City/State/ZIP:
Website:	Presbytery:	Synod: (if different from Synod of SC/HI)
<p>Additional Information Needed:</p> <p>A page is provided for each of the next three responses. If more space is needed, using the format in the pages below, please attach between one and three pages to the Grant Application to include a detailed description of the project.</p>		

Synod of Southern California and Hawaii
Justice, Peace, and the Integrity of Creation
Grant Application Form

a. Please describe the church/organization's mission and/or vision.

Please continue to the next page.

**Synod of Southern California and Hawaii
Justice, Peace, and the Integrity of Creation
Grant Application Form**

b. Please specify the needs to be met by the grant. What are the purpose and goals? .

Please continue to the next page.

**Synod of Southern California and Hawaii
Justice, Peace, and the Integrity of Creation
Grant Application Form**

c. Describe how the grant will be used and how many people will be impacted.

Please continue to the next page.

SYNOD OF SOUTHERN CALIFORNIA AND HAWAII
JUSTICE, PEACE, AND THE INTEGRITY OF CREATION
GRANT APPLICATION FORM

2a: ANTICIPATED INCOME		2 b: ANTICIPATED EXPENSES	
Sources:	Amount	Expenses:	Amount
Anticipated Income TOTAL		Anticipated Expenses TOTAL	

Please use just the spaces you need above; each of the two lists will self-calculate even if all spaces are not used..

Signature of applicant:

Presbytery signature:

Once you have completed your application please **save the PDF**. To submit your application please email a copy of the completed PDF to the Synod Business Manager: **businessmanager@synod.org**

Your typed signature, when the completed form is emailed from an account that identifies you and/or your organization is sufficient.