

SALEM PRESBYTERY
 (Church Membership 150 or Less)
 SMALL CHURCH GRANT/LOAN APPLICATION
 2009-2010

I. GENERAL INFORMATION

Date: _____
 Ministry/Organization: _____
 Name of person(s) completing this application _____
 Title/Office _____
 Address _____
 Contact Number _____
 Applying for ___ Grant or ___ Loan
 Specific Purpose of Grant/Loan _____

Explanation of (choose A or B)

A. ___ Explain how this grant/loan will move your ministries toward fulfillment of your vision/mission.

B. ___ How does this grant/loan meet the designation (criteria) required of the fund?

II. FUNDING

Amount Requested: _____ (Attach Budget)

If need to be addressed is for a capital purchase (equipment, furnishings, repairs, renovation, etc.), please attach at least two copies of bids/pricing and list the two bids.

1st Bid _____
 2nd Bid _____

If need is of an emergency basis, please describe and provide details about when funding may be needed.

If need is for a ministry or mission cause, what do you hope to accomplish, when and how? Please use the following table to identify your most important goals/objectives (up to 3). Attach additional sheets if necessary.

<u>Goal/Objective</u>	<u>Expected Outcome</u>	<u>How will it be measured?</u>

If other Salem Presbytery funding has been provided to your church, please indicate the amount and ministry objective. So that we might evaluate your application completely, please attach an overall budget, which specifically details what funding you receive each year from other sources (such as a grant from the Synod of Mid-Atlantic Small Church Fund)

By signing below, I certify that the funds sent by Salem Presbytery as described above will be spent according to the grant/loan intention. If there is any additional information, please attach a separate page.

Applicant Signature

Date

PRESBYTERY APPROVAL

PRESBYTERY NAME: _____

PRESBYTERY ENDORSEMENT

1. The Presbytery of Salem will provide _____ towards the ____grant or ____loan request.
2. This grant/loan information was reviewed and approved by the Church Growth Committee of Salem Presbytery with the following comments: _____

3. I hereby certify that this application was reviewed and approved for compliance with the mission goals and strategy of the church and the presbytery.

Presbytery Executive or Designee

Date

III. BUDGET

IV. EVALUATION (To be completed within 12 months of the date of the grant/loan award)

Please complete the following table identifying up to three programmatic objectives (which should be part of your original application), expected outcomes, and actual results. Attach additional sheets if necessary.

Objective	Expected Outcome	Actual Result/Outcome

Attach a summary of expenditures detailing how the grant/loan was used and forward to the Salem Presbytery office no later than year ending of receipt of funds.

By signing below, I certify that the funds sent by Salem Presbytery as described above were spent according to the intention of the grant/loan. If there is any additional information, please attach a separate page.

Applicant Signature and Date

Presbytery Signature and Date

Return to:

pfreiberger@salempresbytery.org

Salem Presbytery
P.O. Box 1763
Clemmons, NC 27012

Phone: 336-766-3393
Fax: 336-766-7153