



200 KENTUCKY STREET, SUITE B, PETALUMA, CA 94952
707/765-1772, 800/754-0669 FAX 707/765-4467

Medical ministry is one object of a generous testamentary gift from Hilda V. Thompson, a resident of Soda Springs, Idaho. Hilda Thompson was a member of the First Presbyterian Church, Soda Springs, where she served as a deacon and as president of Presbyterian Women. Upon her death in 1994, Hilda Thompson gave her working ranch and her investment portfolio to The Presbytery of Kendall. As directed, the presbytery distributes proceeds from the ranch and from the portfolio to five recipients, including The Synod of the Pacific. The distributions to the Synod are designated for “medical services for persons in need in the United States.” To administer the distributions in accordance with the designation, the Synod has established the Hilda V. Thompson Medical Ministry Fund.

Preference is given to parish nursing programs although other uses, particularly those focusing on health screening or preventive education, are given favorable consideration. Applications will be accepted twice per year, with deadlines on March 31 & August 31. Successful applicants will be recommended by a subcommittee to the Mission Partnership Committee and the Synod of the Pacific for approval at its May and October Synod Assembly meetings.

The Synod has adopted the following documents: Criteria for Project Proposals, a Project Proposal Form, and a Project Renewal Form (to follow). The Mission Partnership Committee maintains a standing subcommittee to review proposals for grants and progress reports and to make recommendations for distributions. Checks will be mailed by the synod office as soon as possible after the Synod Assembly meeting. Please direct any questions to Tessa Doody, Support Staff to the Hilda V. Thompson subcommittee at 800-754-0669 x10 or tessa@synodpacific.org.



SYNOD OF THE PACIFIC
Hilda V. Thompson Medical Ministry Fund

Criteria for Project Proposals

The Synod of the Pacific through its Mission Partnership Committee invites proposals from sessions and presbyteries of the PC (USA) and their sponsoring programs who meet the criteria listed below to submit applications for consideration for monetary awards. Grants are made annually from income to the Hilda V. Thompson Medical Ministry Fund administered by the Synod of the Pacific.

Project funding requests should:

1. Provide medical services for persons in need in the United States.
2. Provide aid which relates directly to the persons involved.
3. Offer some indication of the changes, either long term or short term that may take place as a result of funding the project.
4. Ensure that no group of people will be deliberately excluded from being served by the project.
5. Seek a one to three-year reducing grant, not to exceed an initial grant of \$5,000.
6. Give evidence of all funding sources including others being explored.
7. Describe the process to be used for evaluation of the project.
8. Provide written endorsement of a Presbyterian Church (USA) congregation or Presbytery.

NOTE: Submit completed proposal by March 31 or August 31 to:

Synod of the Pacific
Hilda V. Thompson Medical Ministry Fund
200 Kentucky Street, Suite B
Petaluma, CA 94952-3825



**Hilda V. Thompson Medical Ministry Fund
SYNOD OF THE PACIFIC**

**PROJECT PROPOSAL FORM
YEAR _____**

Information to Applicant:

- Completed application must be filed by March 31 or August 31 with the Synod of the Pacific, 200 Kentucky Street, Suite B, Petaluma, CA 94952

Project Title: _____

Project Address: _____

Telephone: _____

Congregation or Presbytery to which project is related _____

Attach a brief description (using the Hilda V. Thompson Medical Ministry Fund Criteria for Project proposals as your guidelines) of (a) needs to be met; (b) basic project goals and objectives; and (c) evaluation process, including both objective and subjective measurements of the project's success. (Limit one page total)

Funding Information:

Enclose a copy of the project budget.

Total cost of the project: \$ _____ Amount requested: \$ _____

List other sources of funding for this project: _____

Indicate specifically how you plan to provide for future funding and support: _____

Indicate how check is to be written: (Church policy prohibits funding grants payable to individuals.)

Payable to: _____

Contact Person: _____ Signature: _____

Relationship to Project: _____

Address: _____ Telephone: _____

City, State, Zip: _____ Fax: _____

Please arrange for this application to be reviewed and signed by the appropriate person or body (Clerk, executive Presbyter, Mission Strategy Committee, etc.) of your presbytery.

_____ of _____ presbytery has reviewed this application and supports its consideration

Signature: _____ Date: _____

OFFICIAL USE ONLY:

APPLICANT DOES NOT COMPLETE ANYTHING BELOW THIS LINE

All blanks are to be initialed and dated by the appropriate Synod officials. This application Request Process is in chronological order and the stage of the process is evidenced by the official's initials. Synod officials shall not process this Application Request unless all the steps preceding the official's action have been completed on this form.

Completed by Synod Staff:

Above Application form has been submitted

Application Request form has been reviewed and all information required has been provided and the application is complete: Date: _____ Initialed by Staff: _____

Copy of Application form has been provided to the members of the Hilda V. Thompson Medical Ministry subcommittee with request for the chair to set a date for telephone conference call meeting of the Committee. Date: _____ Initialed by Staff: _____

Telephone conference call meeting and application review by Hilda V. Thompson Medical Ministry subcommittee: Date: _____ Initialed by Staff: _____

Determination of Hilda V. Thompson Medical Ministry subcommittee on application request:

Denied Granted Granted in part as follows:

Original Application form is retained in the official Records of the Synod of the Pacific by Staff and a copy is provided to applicant, Hilda V. Thompson Medical Ministry sub-committee and the Mission Partnership Committee. If funded to appropriate staff for issuance of funds to applicant.

Date: _____ Initialed by Staff: _____