



## **APPENDIX Q Opportunity Grant Fund Application Form (Section 10.3)**

### **SYNOD OF THE PACIFIC, PRESBYTERIAN CHURCH (U.S.A.) MISSION PARTNERSHIP COMMITTEE OPPORTUNITY GRANT FUND APPLICATION FORM**

#### **INSTRUCTIONS TO APPLICANT**

The Applicant must complete and file this form with the Synod office:  
Synod of the Pacific, Opportunity Grant Fund Application  
200 Kentucky Street, Suite B, Petaluma CA 94952.

Please supply all requested information and attachments. Synod office staff will determine the completeness of the application. Incomplete application packages will be returned.

Please:

- Limit the narrative responses as indicated on the form.
- Include with your application the routing form which is completed by Synod staff.

**GRANT MISSION:** This grant is established to fund projects for up to two years that benefit more than one partner congregation in the Synod of the Pacific.

**GRANT GUIDELINES:** Guidelines for both approval criteria and application requirements are contained as questions and the following:

- The proposed project must benefit more than one congregation certifying that one of the congregations is a member of the PC(USA).
- Duration of proposed grant not to exceed two (2) years but may include a project that is projected to be self-sustaining thereafter. Grants are for one year with the possibility of renewing the grant for a second year.
- The proposed project is a new and creative endeavor that serves the mission of the church.
- The proposed project requires the financial support of the Synod of the Pacific.
- Funding preference will be given to proposed projects that are facilitated primarily by volunteer labor.

#### **GRANT AWARD PROCESS:**

- Applications shall be addressed and submitted to the Synod office.
- Applications will be accepted until March 31 or August 31 each year for approval at the May and October Synod Assembly meeting, respectively.
- Applications forms are reviewed for completeness by staff and then forwarded to the Opportunity Grant Fund Sub-Committee.
- Application content is weighed against the Fund criteria and available funding.
- Favorably considered applications are recommended to the Mission Partnership Committee and then recommended to the Synod for action. Other applications are filed.
- Synod staff informs the applicant of the Synod's decision and directed implementation action.
- Distribution of funding for approved applications shall be facilitated by the Synod Central Office.

**DO NOT SUBMIT THIS PAGE WITH YOUR APPLICATION**

**SYNOD OF THE PACIFIC, PRESBYTERIAN CHURCH (U.S.A.)  
MISSION PARTNERSHIP COMMITTEE  
OPPORTUNITY FUND GRANT APPLICATION FORM**

**Project Title:** \_\_\_\_\_

**Project Summary:** (Please provide a five-line project summary: what need is served, who and how many are served, where and how services are provided, and how the beneficiaries' lives and the community's quality of life are different as a result.)

This is the **First / Second** year of Opportunity Grant funding (please circle one).

**Project Management Address:** \_\_\_\_\_

**Sponsoring Congregation and Presbytery:** \_\_\_\_\_

(Please note that the sponsoring Congregation shall be a member of a Presbytery in the Synod of the Pacific, PC (U.S.A.). A Presbytery of this Synod may sponsor a project. The sponsor shall act as the fiduciary for this project.)

**Sponsoring Fiduciary Contact:** \_\_\_\_\_

**Sponsoring Fiduciary Address:** \_\_\_\_\_

**Sponsoring Fiduciary Telephone Number:** \_\_\_\_\_

**Grant amounts requested.** (for the number of years grant funding is requested)

**First Year:      Second Year:      Total amount:**  
\$ \_\_\_\_\_. \$ \_\_\_\_\_. \$ \_\_\_\_\_.  
(if any)

**Total annual cost of the project:**

**First Year:      Second Year:      Third Year:      Fourth Year:**  
\$ \_\_\_\_\_. \$ \_\_\_\_\_. \$ \_\_\_\_\_. \$ \_\_\_\_\_.

**Budgets:** Please attach a copy of the full project budget for this application year. Please also include your forecast funding by source, and forecast expense amounts by category until the activity is incorporated in the requestor's annual operating budget or becomes otherwise self-sustaining.

**OPPORTUNITY FUND GRANT APPLICATION FORM**  
*(For **First Year Grants** and for **Second Year Renewal** (circle one) (Limit one page)*

**Project Title:** \_\_\_\_\_

1. What is the Mission of this Project?
2. How does your project seek to achieve its mission? (Who serves? Whom does it serve? In what context/community?)
3. How does your project achieve and evaluate the success of its mission?
4. How does the project meet the purpose of the Opportunity Fund Grant?
5. How does the project meet the criteria of the Opportunity Fund Grant?
6. What is needed in order to achieve your mission?
7. How have you sought resources outside of the Synod for sustainability of your project and which sources have been successful? Attach a list of your project's funding sources current and projected and amounts.
8. How will the funds you have requested from this project be used and incorporated into your church budget?
9. After grant funding ends, will this project be funded until it is incorporated into your budget or becomes otherwise self-sustaining? \_\_\_ No \_\_\_ Yes
10. How would you restructure your plan in the absence or completion of this grant?

**OPPORTUNITY FUND GRANT APPLICATION FORM**  
**END OF PROJECT GRANT YEAR EVALUATION REPORT**  
*(For First Year Grants and for Second Year Renewals (circle one) (Limit one page)*

**Project Title:** \_\_\_\_\_

1. What was/is the Mission of this Project?
2. How did your project seek to achieve its mission? (Who was? Whom did it serve? In what context/community?)
3. How did your project achieve and evaluate the success of its mission?
4. How did the project meet the purpose of the Opportunity Fund Grant?
5. How did the project meet the criteria of the Opportunity Fund Grant?
6. What was needed in order to achieve your mission?
7. How have you sought resources outside of the Synod for sustainability of your project and which sources have been successful? Attach a list of your project's funding sources current and projected and amounts.
8. How have the funds you have requested from this project been used and incorporated into your church budget?
9. After grant funding ends, will this project be funded until it is incorporated into your budget or becomes otherwise self-sustaining? \_\_\_ No \_\_\_ Yes

**OPPORTUNITY FUND GRANT APPLICATION CONTINUED**

**Project Title:** \_\_\_\_\_ **First/Second Year** (*circle one*)

**Contact information of person in charge of this Opportunity Grant Project:**

Name: \_\_\_\_\_

Relationship to Project: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**Person authorized to sign the application:** I certify that I am authorized to sign this application and that the information contained herein is true and correct and that the Applicant agrees to the terms and conditions of this Fund request. As Project Fiduciary, I certify that all project funds shall be used for the purpose(s) described in this application or that I shall return the funds to the Synod. I will submit a report at the end of this grant period summarizing our experience.\_\_\_\_ (initial).

**Failure to submit a Project’s Prior Grant Year Evaluation Report will preclude further grant award consideration.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

Please arrange for this application to be reviewed and signed by the appropriate person or body (Executive Presbyter, Stated Clerk) of your presbytery.

**Person authorized to endorse this application for the Presbytery:**

I (Name): \_\_\_\_\_ of \_\_\_\_\_ Presbytery have reviewed this application and the Presbytery supports its consideration

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**OPPORTUNITY GRANT APPLICATION  
SYNOD OFFICE USE ONLY.**

**Project Title:** \_\_\_\_\_ *(circle one):* **First** **Second Year**

**Applicant Name:** \_\_\_\_\_

**The APPLICANT shall include this form with the application –  
but, shall not complete anything below this line**

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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: Date: \_\_\_\_\_ Initialed by Staff. \_\_\_\_\_

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 Opportunity Grant Fund Sub-Committee with request for Moderator to set a date for telephone conference call meeting of the Committee. Date: \_\_\_\_\_ Initialed by Staff. \_\_\_\_\_

Telephone conference call meeting and application review by Opportunity Grant Fund Sub-Committee: Date: \_\_\_\_\_ Initialed by Staff. \_\_\_\_\_

Determination of Opportunity Grant Fund Sub-Committee on application request:

Denied     Granted     Granted in part, as follows:

If funded to appropriate staff for issuance of funds to applicant.  
Date: \_\_\_\_\_ Initialed by Staff \_\_\_\_\_

*Original Application form is retained in the official Records of the Synod of the Pacific by Staff and a copy is provided Opportunity Grant Fund Sub-Committee.*