

## APPENDIX M Emerging Need Application Form (Section 10.1.7.1)



### EMERGING NEED GRANT APPLICATION FORM

#### INSTRUCTIONS TO APPLICANT

The Applicant must complete and file this form with the Synod office addressed as:  
Synod of the Pacific, Emerging Need Grant Sub-Committee  
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:

- Complete all parts of the application here or online at [synodpacific.org](http://synodpacific.org)
- Limit the narrative responses as indicated on the form.
- Include with your application the routing form which is completed by Synod staff.

**GRANT MISSION:** An Emerging Need is defined as current year funding for an unexpected, collaborative mission requirement identified among the partners of the Synod. Examples: meetings of presbytery COM/CPM Chairs, First Call Pastors retreat, Church Development consultation, gatherings to discuss emerging issues of the Presbyterian Church (USA), Racial Ethnic gatherings, and other collaborative consultation and/or emerging mission and/or issue of the Synod partnership.

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

- Without the requested funding within the current fiscal year, the unexpectedly under-funded or under-funded collaborative mission requirement's objective will fail or will be severely jeopardized by delay.
- There are no other sources reasonably available for the necessary funding.
- The unexpectedly un-funded or under-funded collaborative mission requirement's objective can be accomplished with the requested funding.
- This fund has never been used to fund this specific collaborative mission requirement before.

#### GRANT AWARD PROCESS:

- Applications shall be addressed and submitted to the Synod office.
- Applications will be accepted until March 31 and August 31 each year for approval at the May and October Synod Assembly meeting, respectively.
- Applications forms are reviewed for completeness.
- 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.
- The Synod acts on the recommendation of the Mission Partnership Committee and directs staff to implement its decision.
- Synod staff informs the applicant of the Synod's decision its directed implementation.
- Funds are distributed shortly after approval.

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

**SYNOD OF THE PACIFIC, PRESBYTERIAN CHURCH (U.S.A.)  
MISSION PARTNERSHIP COMMITTEE  
EMERGING NEED 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.)

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

**Sponsoring Presbytery:** \_\_\_\_\_  
(Please note that the sponsoring Presbytery shall be a member of Synod of the Pacific, PC(U.S.A.). The sponsor shall act as the fiduciary for this project.)

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

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

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

**Grant Amount Requested:** \$ \_\_\_\_\_.

**Total Annual Cost of the Project:** \$ \_\_\_\_\_.

**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.

## EMERGING NEED GRANT APPLICATION FORM

**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 its mission?
4. How does the project meet the mission of the Emerging Need Grant?
5. How does the project meet the Emerging Need Grant's criteria?
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?

**EMERGING NEED GRANT  
PROJECT END EVALUATION REPORT FORM**

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

Please provide a one page narrative of your project including the following points:

1. What 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 its mission?
4. How does the project meet the mission of the Emerging Need Grant?
5. How did the project meet the Emerging Need Grant's criteria?
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.

**EMERGING NEEDS GRANT APPLICATION CONTINUED**

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

**Contact information of person in charge of this Emerging Needs 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).

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

**EMERGING NEEDS FUND GRANT APPLICATION  
SYNOD OFFICE USE ONLY.**

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

**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 Emerging Need Fund Administrative 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 Emerging Need Fund Administrative Committee: Date: \_\_\_\_\_ Initialed by Staff. \_\_\_\_\_

Determination of Emerging Need Fund Administrative 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 to Emerging Needs Fund Sub-Committee.**