

APPENDIX N Project Proposal Application Form (Section 10.2.1)



HILDA V. THOMPSON MEDICAL MINISTRY GRANT APPLICATION FORM
(Initial and renewal years)

INSTRUCTIONS TO APPLICANT:

The Applicant must complete and file this form with the Synod office addressed as:
Synod of the Pacific, Hilda V. Thompson 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.
- Limit the narrative responses as indicated on the form.
- Include with your application the routing form which is completed by Synod staff.

GRANT MISSION: Grants from this fund are intended to start, or assist in starting, short-term, capacity-building, medical missions in the United States.

GRANT GUIDELINES: Approval criteria and application requirements are contained as questions in the application form. Your proposed project must meet the following criteria:

- Provide medical services for persons in need in the United States.
- Provide aid that relates directly to the persons involved.
- Ensure that no group of people will be deliberately excluded from being served.

NOTE:

- This is a one to three-year reducing grant, not to exceed an initial grant of \$5,000.

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 received by the Synod 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 of its directed implementation.
- Distribution of funding for approved applications will 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
HILDA V. THOMPSON MEDICAL MINISTRY 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/Third** year of Hilda V. Thompson Medical Ministry funding (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:	Third Year:	Total Amount:
\$ _____.	\$ _____.	\$ _____.	\$ _____.
	<i>(if any)</i>	<i>(if any)</i>	

Total Annual Cost of the Project:

First Year:	Second Year:	Third Year:	Fourth Year:	Fifth 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.

HILDA V. THOMPSON MEDICAL MINISTRY GRANT APPLICATION FORM
For First Year Grant, for Second Year Grant, or for Third Year Grant (circle one)

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 Hilda V. Thompson Medical Mission Fund?
5. How does the project meet the criteria of the Hilda V. Thompson Medical Mission Fund?
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?

HILDA V. THOMPSON MEDICAL MINISTRY GRANT
END OF PROJECT GRANT YEAR EVALUATION REPORT
For First Year Grant, for Second Year Grant, or for Third Year Grant (circle one)

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 its mission?
4. How did the project meet the mission of the Hilda V. Thompson Medical Ministry Fund?
5. How did the project meet the criteria of the Hilda V. Thompson Medical Ministry Fund?
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.

**HILDA V. THOMPSON MEDICAL MINISTRY GRANT
APPLICATION FORM CONTINUED**

Project Title: _____

Contact information of person in charge of this Hilda V. Thompson 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: _____

**HILDA V. THOMPSON MEDICAL MINISTRY GRANT APPLICATION
SYNOD OFFICE USE ONLY.**

Project Title: _____ *(circle one): First Second Third Year*

Applicant Name: _____

**The APPLICANT shall include this form with the application –
but shall 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: 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 Hilda V. Thompson Medical Ministry 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 Hilda V. Thompson Medical Ministry Fund Sub-Committee. Date: _____ Initialed by Staff. _____

Determination of Hilda V. Thompson 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 to the Hilda V. Thompson Medical Ministry Fund Sub-Committee.