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Description automatically generatedHilda V. Thompson Grant Fund Application Form**

**Synod Administration Manuel (SAM), Appendix M and Section 10.2.1**

**INSTRUCTIONS TO APPLICANT:**

For expedient processing, please email your completed form to [lindsay@synodpacific.org](mailto:lindsay@synodpacific.org).

If you wish to mail the application, please note that it will take longer to process your application. The Synod mailing address: Synod of the Pacific – P.O. Box 964, Petaluma, CA 94953.

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

Please:

* Copy the application into your word processor and complete all parts.
* 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 projects leading to long-term, sustainable (by other funding means) medical missions in the United States.

**GRANT GUIDELINES**

Please see the SAM, Title 10, paragraph 10.2.6 for all of the guidelines. The link to SAM: <https://synodpacific.org/synod-administrative-manual/> Guidelines for both approval criteria and application requirements are contained as questions and the following.

* 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.
* This is a one to three-year reducing grant, not to exceed an initial grant of $15,000.

**GRANT AWARD PROCESS:**

* Applications shall be addressed and submitted to the Synod office.
* Applications will be received quarterly and reviewed for completeness.
* Application content is weighed against the Fund criteria and available funding.
* Applications are referred to the Mission Partnership Committee which shall evaluate and approve or disapprove the applications and refer them to the Synod central office staff for implementing action or filing if application is not approved.
* Synod staff informs the applicant of the decision on this application.
* Funds are distributed as soon as practical ‒ or ‒ application is terminated.
* The Mission Partnership Committee reports its decisions and rationale to the next Stated Synod Assembly.

**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 FUND APPLICATION**

**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 Ministryfunding(Circle One)**.**

**Project Management Name and 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 – assuring that Synod funds are spent as requested in the application – or are returned to the Synod.)

**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:**

**$ \_\_\_\_\_\_\_\_\_\_\_. $ \_\_\_\_\_\_\_\_\_\_\_. $ \_\_\_\_\_\_\_\_\_\_\_\_. $ \_\_\_\_\_\_\_\_\_\_\_.**

***(if any) (if any)***

**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 FUND APPLICATION**

*For* ***First-Year Grants*** *and for* ***Second*** *or* ***Third-Year Renewal*** *(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 of its mission?

4. How does the project meet the mission of the Hilda V. Thompson Medical Ministry Grant?

5. How does the project meet the Hilda V. Thompson Medical Ministry Grant Fund 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.
* This is a one to three-year reducing grant, not to exceed an initial grant of $15,000.

6. What is needed 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? Please provide a 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 of this grant?

**HILDA V. THOMPSON MEDICAL MINISTRY GRANT**

**YEAR-END EVALUATION**

*For* ***First Year Grants*** *and for* ***Second*** *or* ***Third Year Renewal*** *(circle one).*

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

1. What was the mission of this project?

2. How did your project seek to achieve its mission? (Who served? 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 mission of the Hilda V. Thompson Medical Ministry Grant?

5. How did the project meet the Hilda V. Thompson Medical Ministry Grant Fund 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.
* This is a one to three-year reducing grant, not to exceed an initial grant of $15,000.

6. What was needed 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? Please provide a budget.

9. When grant funding has ended, will this project be funded in other ways, incorporated into your budget, or otherwise become self-sustaining? \_\_\_ No. \_\_\_ Yes.

**HILDA V. THOMPSON MEDICAL MINISTRY**

**GRANT FUND APPLICATION**

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

**Information of Contact Person in charge of Hilda V. Thompson Grant Project:**

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

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

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

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

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

**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.

‒The Presbytery’s Synod Commissioners are aware of the content of this application. \_\_\_ (initial).

‒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. \_\_\_ (initial).

‒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 (clerk, Executive Presbyter, Mission Strategy Committee, etc.) 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**