



RACIAL ETHNIC PROGRAM GRANT APPLICATION
Synod of the Covenant

Thank you for your interest in a Racial Ethnic Program Grant. This application will help us to get to know you, and your plans for the funds. Information provided will assist the committee in determining the grant amount which will assist your organization in cultivating a successful program. A copy of this grant must be sent to the Presbytery Executive of your Presbytery.

I. SPONSORING ORGANIZATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ County _____

Coordinator's Name _____

Address _____

Phone _____

Presbytery: _____

II. List the goals of this project and why it is needed:

III. Persons who will benefit:

IV. Site of Project :

V. Timeline of Project Activities and What You Expect the Project To Do:
(Use additional sheet of paper and attach to application.)

VI. Proposed Program Budget

Expenditures

(a) Personnel Expenses:

(b) Operating Costs:

(c) Other Sources of Income:

(d) Project's Total Budget: _____

(e) Amount Requested from Racial Ethnic Program Grant:
\$ _____

VII. Have you received Racial Ethnic Program funds before ? If so, please list year(s) and amount(s).

VIII. Method of Evaluation (please be specific and give details)

Signature of Person Responsible for Project

Deadline for Spring Consideration is February 1
Deadline for Fall consideration is October 1

Mail completed application to: Church Development and Transformation Committee
Synod of the Covenant
6450 Weatherfield Ct. Unit 1A, Maumee, OH 43537

For Office Use Only		
Grant Approved	Yes No	Amount \$ _____
If no, state reason:		

