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Executive Presbyter

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www.carlislepby.org



**Presbytery of
Carlisle**

3040 Market St., Suite 1
Camp Hill, PA 17011-4539
717-737-6821
Fax 717-730-9137

To: Recipients of Mission Grants from the Presbytery of Carlisle
From: Mission and Advocacy Committee
Date: December 1, 2009
Re: Submission of applications for 2011 funding

Enclosed is an application for 2011 Mission Grant funding. For this application to be considered, it **must be fully completed**. Additional copies of the forms can be downloaded from the web site above. Please note that forms must be returned **no later than January 31, 2010**. ***The completed cover sheet must accompany the application for the request to be considered.***

If you have any questions about the application or the process, you may contact 717-737-6821.

ss/09

Mission Grant Application Cover Sheet
Presbytery of Carlisle

Project Title: _____

Date of Submission: _____

Application Deadline: **JANUARY 31, 2010**

Contact Person: _____

Contact Person's Address: _____

Telephone: _____

Email: _____

Project Title _____

1.A) State the mission or purpose of your church/organization. (If your organization has adopted a statement of mission, please share it with us.)

B) What are the objectives of your project/program?

C) What criteria and procedures are used for evaluation?

2. Describe the community in which your church/organization ministers.

3. Are there new community needs emerging? How and when was the last needs assessment made?

- 1) Please attach a copy of your current budget if there is more than one person on staff.
- 2) If your fiscal year is not the calendar year, indicate period: From _____ to _____
- 3) Please complete the following (to nearest dollar or it will be returned if not followed):

INCOME	ACTUAL INCOME 2009	BUDGET 2010	PROPOSED BUDGET 2011
A) Local Sources			
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) Endowments	_____	_____	_____
5) Savings Accounts	_____	_____	_____
6) Other Reserves	_____	_____	_____
B) Presbytery Sources			
1) _____	_____	_____	_____
2) _____	_____	_____	_____
D) Other Sources (Ecumenical, Community, etc. - specify)			
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____
TOTAL INCOME	\$ _____	\$ _____	\$ _____
VALUE OF IN-KIND CONTRIBUTIONS	\$ _____	\$ _____	\$ _____

EXPENDITURES	ACTUAL EXPEND. 2009	BUDGET 2010	PROPOSED BUDGET 2011
A) Administration - Staff			
1) Salaries	_____	_____	_____
2) Housing	_____	_____	_____
3) Utilities	_____	_____	_____
4) Pension/Medical	_____	_____	_____
5) Travel	_____	_____	_____
B) Administration - office			
1) Rent (Inc. Util.)	_____	_____	_____
2) Office, supplies	_____	_____	_____
3) Equipment	_____	_____	_____
4) Other	_____	_____	_____
C) Programs			
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____
6) _____	_____	_____	_____
TOTAL EXPENDITURES	\$ _____	\$ _____	\$ _____

1) How long have you been requesting Presbytery assistance? _____ (years)

2) Who participated in the preparation of the information supplied on the forms? (Check)

Mission Director _____; Staff _____; Board _____; Community People _____;

Others (who?) _____ How did they participate?

Address to which payments and correspondence should be sent:

This completed form should be returned by **January 31, 2010** to:

**Presbytery of Carlisle
3040 Market St., Ste. #1
Camp Hill, PA 17011-**