

Presbytery of North Central California Committee on Mission Support
CENTS-ABILITY/HUNGER ALLEVIATION GRANT Application rev. 11/4/22

APPLICANT INFORMATION

Congregation: _____ Date: _____
Street Address: _____
Name of Contact: _____
e-Mail Address: _____ Phone : _____
Project Sponsor(s) Congregation [] Other: _____

INFORMATION ABOUT THE HUNGER PROJECT

Question #1: What is the general need this project addresses?

Question #2: How does the project address this need?

Question #3: How will funds from this grant be used and accounted for?

Question 4: How is your congregation and its members involved in the project?

Question #3: Amount of Grant Request - \$ _____

[Please use the back of this form or an attachment to amplify any of the above information]

FUNDING REQUIREMENT, AMOUNT OF REQUEST, AND SIGNATURES

Requirement. To receive funding from this grant, entities of the Presbytery of North Central California are expected to understand and apply the *Presbyterian Church (U.S.A.) Child/Youth/Vulnerable Adult Protection Policy and Its Procedures* [the Policy] to events and programs that fall within the Policy. By signing this application, it is acknowledged that the Policy will be utilized for the event(s) funded by this grant that fall within the Policy. [A copy of the Policy may be downloaded from the presbytery website.]

Signature (Pastor or Authorized Person): _____
Date _____

Please e-mail a copy of the completed and signed application to the present Committee Chair:
Edrine Ddungu – “eddungu35@gmail.com