

Application for Funding of Mission Project
PWN Y OMT (Outreach Ministry Team)

This form is to be completed by a person **directly involved in the ministry**
or a person using **information directly obtained from those involved in the ministry**.

CONTACT INFORMATION

Date: _____ Person filling out form (if different from applicant): _____

Applicant Name _____

Applicant's position related to this funding application _____

Phone: _____ Email: _____

Address _____

Advocating/Collaborating/Representing

Presbyterian Congregation: _____

Address _____

Their contact person(s):

*attach letters from all collaborators

Requested Grant Amount _____

If approved, make checks payable to: _____

Date beginning remittance is requested _____

Checks sent to

Address: _____

Note: applications should be postmarked by (**April 5, 2011**) to receive consideration for funding in the current application review cycle.

MISSION PROJECT INFORMATION

Name of Project:

Funding Level:

- Impact grant funding requests only for 2011
 - Major mission project initiation/expansion (*description in body of application*)
 - Significant collaboration features (*description in body of application*)
 - More than one objective area addressed (*description in body of application*)
 - Regional poverty
 - Environmental stewardship
 - Refugee ministry
 - Global mission

Project is New/Existing (circle one)

Application for PWNKY funding is New/Renewal (circle one)

Description of need being addressed and how it pertains to one or more OMT focus areas (Poverty, Refugees, Environmental Stewardship, Global Mission):

How does your work help fulfill the Presbytery's Mission and Goals (see list below)?

- Encourage relationships of trust and communication among leaders and congregations
- Engage in church transformation and the development of congregational health
- Enhance collaborative mission among congregations
- Equip youth and adult leaders for ministry
- Ensure excellence in the calling and care of pastors

Those Being Served/Target Audience (Name, Scope, Population):

Name of Coordinating Entity:

Collaborating Group(s):

(note: there may be multiple collaborations within the Presbytery on a single global mission)

Specific Outcomes	Measure(s) of Success	Timetable for Outcome

Describe your own experience and background to date in doing this activity:

Describe which other ministries you have consulted to explore: i) avoidance of duplication and ii) leveraging of resources, and iii) to identify what unique niche your project addresses.

Describe what other sources of resources you are exploring.

Describe how you anticipate that your faith will grow as a result of this project.

Describe how accurate financial records will be maintained.

In description of your proposed project address the following criteria:

- Builds partnerships/collaboration
 - Between/among Presbyterian churches (preferred); other churches
 - Other organizations
- Utilizes existing or emerging energy/passion/will
- Spirituality and spiritual growth
 - Of applicants
 - Of persons served
- Demonstrates love of God and love of neighbor as self
- Spreads the Good News of the Gospel
- Commit to:
 - Availability for regular contact with OMT mentor Reporting (e.g., written report each fiscal year including financial statement, presentations to Presbytery OMT and/or other Presbytery-sponsored events)

PLEASE RETURN TEN (10) COMPLETED COPIES OF APPLICATION TO:

Presbytery of Western New York
 Outreach Ministry Team
 2060 Union Road
 West Seneca, NY 14224

<u>INCOME SOURCES</u>	<u>CURRENT YEAR</u>	<u>PROJECTED</u>
1. Presbytery of WNY	_____	_____
2. Presbyterian Churches (Specific Churches):	_____	_____
	_____	_____
3. Other Denominations	_____	_____
	_____	_____
4. Other Churches (Names)	_____	_____
	_____	_____
5. Other Sources (by category)		
a. Government:		
Federal	_____	_____
State	_____	_____
Local (County)	_____	_____
b. Community:		
Business	_____	_____
Individuals	_____	_____
c. Fund raising:	_____	_____

<u>EXPENDITURES</u>	<u>CURRENT YEAR</u>	<u>PROJECTED</u>
Salaries & Wages (Names & Titles)		
_____	_____	_____
_____	_____	_____
Total Salaries & Wages	_____	_____
Total Fringe Benefits	_____	_____
Office Expenses	_____	_____
Program Expenses	_____	_____
Other (please list)		
_____	_____	_____
_____	_____	_____
TOTAL BUDGET	_____	_____

Please attach a copy of your current year's budget and your latest financial statement.