

PRESBYTERY OF NEW COVENANT
LYNN JOHNSON SOCIAL JUSTICE GRANT
APPLICATION FORM-2010

Name of Organization _____

Address _____

Street Address City State Zip

Contact Person _____

Name Title

Telephone Numbers: Office: _____; Cell: _____

Other: _____; FAX: _____

Email Address(es) Organization: _____

Individual: _____

Relationship to Presbytery of New Covenant (PNC) and authorizing signatures:

Church within PNC_____/ Committee of PNC_____/Committee
PNC Partner Organization, Committee, or Group_____
Synod____ Relationship to Synod_____

Other_____

Authorized Signature (Clerk of Session/Moderator of Committee/Executive Director of
Organization/Moderator of Synod, etc.)

Signature _____ Date _____

Printed Name of Signor: _____

Signor's Title: _____

Please attach a description of the project or program to be funded from the Lynn Johnson Social
Justice Grant funds, including at least:

- 1) a description of the work that will be performed,
- 2) the target population to be affected,
- 3) the desired effect intended,
- 4) how outcome(s) will be measured;
- 5) names of those who will be involved in administering or otherwise carrying out the
work of the project or program.

Total Projected Cost of Project or Program: _____

Amount Requested: _____

(Grants from \$500 to \$2000 will be considered; amount awarded will depend on 1) amount
requested and 2) funds available; number of qualified grants received in a given grant period
may also affect the amount awarded to each grantee)

Please list other funds, if any, available to support this project or program:

Source: _____ Amount _____

Source: _____ Amount _____

(attach a separate sheet if needed)

Time frame for this project or program:

Anticipated Start: _____: Anticipated Conclusion: _____

FOR SJGC USE ONLY:

Grant funded: Yes___ No___

Signature of Moderator of Social Justice Grant Committee:

Signature

Date

If funded, Amount of Grant _____

Date funds released _____

Schedule of Report(s) _____

Final Report Due _____