

**PRESBYTERY OF NEW COVENANT
GRANT APPLICATION FORM
Vision Initiatives**

Name of Applicant _____

Address of Applicant _____

Telephone/FAX contact _____

Name of Principal Contact _____

Email Address _____

Description of Applicant/Organization* _____

Has this applicant applied to VI for a grant in the past? _____ Yes, _____ No

Has the applicant applied for other Presbyterian funding? _____ Yes _____ No

General Description of Activity for Grant including timeline:

(Attach detailed support information)

Explanation of how the activity meets the grant guidelines:

(Attach detailed support information)

Descriptions of project measures and expected results of each:

(Attach detailed support information)

Name of Corporate Grantee _____

Signature of Authorized Officer/Date

*If not a member congregation of New Covenant Presbytery attach proof of 501(c)(3) status.

Date sent: _____

Applications will be received electronically by sending to vigrant@pbyofnewcovenant.org no later than March 31st . Applicant will receive notification that their application was received.