

The Presbytery of Middle Tennessee Hunger Program

Operating Guidelines

The Hunger Program is a ministry of the Committee on Mutual Support of the Presbytery of Middle Tennessee and follows the policies and guidelines of The Presbyterian Hunger Program based on the "Common Affirmation on Global Hunger" as amended by the 203rd General Assembly of the Presbyterian Church (USA) in 1991.

Priorities

The Hunger Program shall assist the church to address hunger-related issues through:

1. **Direct Food Relief** - Providing food relief to hungry people through food supplements and feeding programs in local communities.
2. **Developmental Assistance** - Providing programs that combat hunger through integrated development and empowerment of people in such areas as agricultural training, nutrition education, economic development, and community organization.
3. **Influencing Public Policy** - Providing advocacy and support in just and peaceful means for policy changes that will provide food for poor and hungry people, empower their self-development, and enable them to be free from oppressive and unjust systems that fail to meet their basic needs.
4. **Life-style Integrity** - Fostering corporate and family lifestyles sensitive to the reality of the earth's limited resources and the critical needs of the human family.
5. **Education and Interpretation** - Providing resources and training strategies to educate about the root causes of hunger and motivate people to action.

Criteria for Grants

1. The proposed program shall be consistent with at least one of the five priorities of The Hunger Program.
2. The proposed program shall work to alleviate hunger and poverty or to eliminate their causes.
3. The proposal shall come from an established organization.
4. The maximum grant awarded will be \$4,000 to any organization.

Application Procedures

1. Grant requests will be accepted year-round.
2. Organizations applying for grants should:
 - a. Fill out the Hunger Funding Application in full.
 - b. Provide a letter of endorsement from a Presbyterian Church (USA) congregation.
 - c. Mail one copy of the completed application to:
The Presbytery of Middle Tennessee
Attention: Hunger Action Advocate
1113 Murfreesboro Rd., Suite 106, #216
Franklin, TN 37064
(615) 332-3330
 - d. Schedule an on-site visit from the Hunger Action Advocate
3. Applications will be reviewed upon receipt and will be followed up with an "on site" visit from a member of the Hunger Program of the Presbytery.
4. Grants awarded in good faith based on offerings received through Cents-Ability Program (4 Cents a Meal/5 Cents a Meal Offering) throughout the congregations of the Presbytery of Middle Tennessee.

Presbytery of Middle Tennessee
Hunger Program

HUNGER FUNDING APPLICATION

Date: _____ 2021 Funding Request: _____

I. General Information

Name of Organization: _____

Address: _____ Hours: _____

_____ County: _____

Telephone: _____ E-mail: _____

Contact Person: _____ Position: _____

Address & Telephone: (if different from above) _____

_____ E-mail: _____

Signature of Contact Person: _____

II. Ministry of the Organization: *(please use back or additional sheets of necessary)*

A. Mission Statement

B. Relationship to Priorities of the Presbyterian Hunger Program
(Describe how your program relates to at least one of the following priorities.)

1. Direct Food Relief
2. Development Assistance
3. Influencing Public Policy
4. Life-Style Integrity
5. Education & Interpretation

II. Ministry of the Organization (continued):

- C. Other Collaborating Agencies and Supporting Network Function
(FEMA, United Way, churches, community agencies, etc.)

III. Description of Program *(please use back or additional sheets if necessary)*

- A. General Description of All of the Organization's Activities
(Types of assistance given, guidelines used, number of people served/families assisted - unduplicated)

- B. Specific Description of Food/Feeding Program
(Type of assistance, days/hours, number of people/families served, number of meals/food boxes given)

- C. Administration of Program
(Director, staffing, paid/volunteer ratio)

IV. Attachments

- Non-profit Status - 501(c)(3)
Current List of Board/Committee Members & Officers
Revenue Budget Sheet (Actual Year & Projected Year)
Expense Budget Sheet (Actual Year & Projected Year)

Name of Church: _____

Name of Pastor, Supply, or Clerk of Session: _____

Signature: _____ Date: _____

1. Comments of endorsing congregation:

2. Do members of your congregation actively participate in this mission and in what capacity?
Please list (example: volunteer at the agency, board of directors, planning team, etc.)

3. Does your congregation give direct financial support to this mission?
 Yes No

4. If yes to financial support, please specify:
 Individual designated giving Line - item budget amount _____

5. Does your congregation participate in One Great Hour of Sharing?
 Yes No

6. Does your congregation participate in the Cents-Ability (4 Cents/5 Cents a Meal) offering?
 Yes No Please send us information on the program

7. Is your congregation involved in any other hunger program?

- | | |
|---|---|
| <input type="checkbox"/> Souper Bowl of Caring | <input type="checkbox"/> CROP Walk |
| <input type="checkbox"/> Second Harvest Food Bank | <input type="checkbox"/> Kid's Café/Back Pack programs |
| <input type="checkbox"/> Community gardens | <input type="checkbox"/> Plant-a-Row for the Hungry |
| <input type="checkbox"/> Food Pantry at your church | <input type="checkbox"/> Martha O'Bryan Food Pantry |
| <input type="checkbox"/> Feeding program at church | <input type="checkbox"/> Community Food Advocates/MANNA |
| <input type="checkbox"/> Other (please specify) _____ | |

REVENUE BUDGET SHEET

	Budget for Current Year	Budget for Projected Year
INCOME		
A. Self-Generated		
1. Membership Fees		
2. Sales		
3. Other (please specify)		
B. Government Grants		
1. FEMA		
2. MCCA		
3.		
C. Community Grants (business, civic, private)		
1. United Way		
2.		
3.		
4.		
5.		
6.		
D. Church Affiliated Contributions (list)		
1.		
2.		
3.		
E. Interest Income		
F. Other Income _____		
TOTAL CASH REVENUES		
G. Value of In-Kind Services/Contributions		
1. Food (approx. value @ \$1.00 a pound)		
2. Clothing (approx. value @ .25 an item)		
3. Volunteer Hours _____ @ \$5.00 per hour		
4. Other		
TOTAL IN-KIND REVENUES		

EXPENSE BUDGET SHEET

	Budget for Current Year	Budget for Projected Year
PERSONNEL EXPENSES		
A. Salaries (please list individually)		
1.		
2.		
3.		
4.		
5.		
B. Fringe Benefits		
1. FICA		
2. Medical Insurance		
3. Pension		
4. Other		
C. Consultants and Contract Services		
1. Audit		
2. Legal		
3. Outside Training		
4. Other		
PERSONNEL SUB-TOTAL		
OPERATING COSTS		
A. Space		
1. Rent/Mortgage		
2. Utilities (do not include phone)		
3. Other _____		
B. Telephone		
C. Equipment		
1. Office		
2. Other _____		
D. Supplies		

EXPENSE BUDGET SHEET CONTINUED

	Budget for Current Year	Budget for Projected Year
E. Travel		
1. Local		
2. Out of Town		
F. Other Operating Costs		
1. Postage		
2. Books and Subscriptions		
3. Insurance		
4. Other _____		
OPERATING COSTS SUB-TOTAL		
PROGRAM COSTS (not included above)		
A. Food Assistance		
1. Purchased from Food Bank _____		
2. Purchased locally		
3.		
B. Clothing Assistance		
C. Furniture Assistance		
D. Rent/Housing Assistance		
E. Utilities Assistance		
F. Telephone Assistance		
G. Medical Assistance		
1. Prescriptions		
2. Doctors		
3. Insurance		
4.		
H. Other _____		
PROGRAM COSTS SUB-TOTAL		
TOTAL EXPENDITURES (Personnel, Operating, and Program)		