



**Presbytery of Middle Tennessee
1113 Murfreesboro Road Ste 106 Box 216
Franklin, Tennessee 37064**

GRANT APPLICATION

Part of the mission of The Presbytery of Middle Tennessee (PMT) is to support various Presbyterian-affiliated activities, organizations and programs that assist those in need and support spreading the good news of Jesus. In order to be good stewards of the resources available, PMT established a process to evaluate requests for financial support. That evaluation process includes gaining an understanding of the applicant's mission, organizational structure, governance, financial operations, and leaders' qualifications. This application will aid PMT in its evaluation process. Criteria for grants are as follows: 1) applicant's activities shall be consistent with the Christian beliefs of the PCUSA, 2) applicant's activities shall be conducted primarily in Middle Tennessee, and 3) applicants shall be established organizations with good governance and sound financial controls.

Submit application by August 1st to be included in the presbytery's budget for the following year. Application should be completed in full, but for any questions that do not apply to your organization, please so indicate and provide an explanation.

****** Complete form by typing responses INSIDE gray, shaded areas and modify pagination as needed, OR print to complete by hand. ******

If you choose to complete gray, shaded areas and return via e-mail, please include your organization's name in the saved file name.

Date Application Submitted: _____

Amount requested: \$ _____

Calendar Year of Funding Request: _____

Specific Description of How the Requested Funds Will Be Used: _____

I. Organization Information

Organization Name: _____

Mailing Address: _____

Street Address, if different: _____

Telephone #: _____ Fax #: _____

Website (if available): _____

Contact Person: _____

Contact Person's Telephone #: _____

Contact Person's E-dress: _____

II. Organization Overview

A. Purpose / Mission Statement:

B. Relationship to a PCUSA church and/or Presbytery of Middle Tennessee:

C. Description of Organization's Activities:

D. Other Sources of Financial Support, and their Amounts:

III. Church or PMT Committee Support

Please identify the church or PMT committee that works most closely with your organization.

Name of Church or PMT Committee: _____

If a Church, Name of Pastor, Supply, or Clerk of Session: _____

If a PMT Committee, Main Contact Person: _____

Comments of Endorsing Church or PMT Committee: _____

Description of Church's or PMT Committee's Member's Activities with Organization: _____

If a Church, description of Financial Support of Organization: _____

Attachments*

- A. Evidence of Non-Profit Status – 501(c)(3) – First Time Applicants Only
- B. Administration: List of Current Board/Committee Members, Officers and Functional Department Heads
- C. Current YTD income and expense statement and balance sheet
- D. Current Year Budget (if not incorporated into income and expense statement)
- E. Following Year Budget, if available. (Same year for which funding is being requested)

(*Requested attachments should be emailed to the presbytery office: pbymidtnoffice@gmail.com)

Depending on the nature and specifics of the request, additional information may be required. Applicants should feel free to schedule an in-person or online meeting to discuss the application.