

# SYNOD OF THE SUN MISSION NETWORK GRANT REQUEST GUIDELINES

Thank you for your interest in the Mission Network Grants of the Synod of the Sun. If you decide to apply for funding through this program, you must read the instructions carefully. Please be thorough and complete in supplying the information and signatures that are requested.

1. **PRIORITIES:** While any Presbyterian entity in the Synod of the Sun may apply for funding, you should know that priority will be given to applications which reflect partnerships (including international) with two or more congregations or presbyteries, a multi-cultural endeavor, or two or more institutions within our Synod. Synod automatically becomes a partner as it helps fund these ministries.
2. **PARAMETERS:** Know that each application is evaluated very carefully, but also know that Synod includes four states with eleven presbyteries and numerous agencies and institutions. The distribution of funds will reflect this potential diversity of needs and geography as is possible. In our attempt to be responsive to needs across the region, grant requests ordinarily should not exceed \$5,000.
3. **GOALS:** The attachments, to be included with the application, ask for more detailed information than appears on the first page of the application form. When giving the goals and objectives of the project/program/event in the attachments be specific to allow accurate evaluation.
4. **ENDORSEMENTS:** As partnering is an important part of consideration, the application should reflect sponsorship with or endorsement by all appropriate bodies: committee or division of a presbytery, the Synod, a Synod agency, or Synod organization.
5. **DEADLINES:** Applications shall be submitted to the Synod Office by **September 15, 2008**. Applications are considered and notification given in December. Grants are ordinarily remitted by January.
6. **EVALUATIONS:** Entities accepting grants from the Synod must commit to completing an evaluation form at the completion of the project/program/event. Due date will appear on the evaluation form.

**SYNOD OF THE SUN  
MISSION NETWORK GRANT APPLICATION FORM**

Names of congregation, agency, organization, or governing body \_\_\_\_\_

\_\_\_\_\_

Key Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Phone-Office \_\_\_\_\_ Home \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Presbyteries \_\_\_\_\_

Name of Project/Program/Event \_\_\_\_\_ Amount Requested \_\_\_\_\_

1. Brief description and purpose of this project/program/event:

2. Start and stop time for this project/program/event: from \_\_\_\_\_ to \_\_\_\_\_

3. Date funds are required \_\_\_\_\_

4. Total estimated cost of this program/project/event \_\_\_\_\_

5. Other sources of funding and amounts from each contributor: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NARRATIVE ATTACHMENTS TO BE INCLUDED WITH THIS APPLICATION:**

a. **Summary:** A one-page summary of this project/program/event including goals, objectives, methods for achieving objectives, supervision and accountability, desired outcome, and statement as to why you perceive this to be a vital project/program/event.

b. **Finances:** Submit financial statements of all applicants; include an itemized estimated total cost of project/program/event.

**Endorsing Body**

We verify that this mission network is in keeping with the goals and priorities of this body, agency, or organization. This proposal was approved and is commended to you for funding

by \_\_\_\_\_ Date \_\_\_\_\_  
Endorsing Body

\_\_\_\_\_  
Clerk or Responsible Officer

by \_\_\_\_\_ Date \_\_\_\_\_  
Endorsing Body

\_\_\_\_\_  
Clerk or Responsible Officer

by \_\_\_\_\_ Date \_\_\_\_\_  
Endorsing Body

\_\_\_\_\_  
Clerk or Responsible Officer

Please return the completed application to:

**Kathy Fancher**  
**Mission Network Grants**  
**6100 Colwell Blvd. #200**  
**Irving, TX 75039**

Questions may be directed to:

Judy R. Fletcher, Synod Executive  
214-390-1894 or 1-866-381-7075  
[fletcher@synodsun.com](mailto:fletcher@synodsun.com)

FAX: 214-390-0755  
kathyw@synodsun.com

**Must be received by May 1 or Oct. 1.**

For Office Use Only:  
Date Received \_\_\_\_\_

Date Approved \_\_\_\_\_