

Christian Service Ministry
 Social Witness & Mission Committee of the Presbytery of Transylvania
FINANCIAL GRANT REQUEST FORM - 2009

CSM Project/County _____

CSM Worker _____

Person Reporting _____ Position _____ Phone _____

Mailing Address for CSM _____

A. CSM Worker Need	Total Budget for 2009	Funds Requested from Presbytery for 2009
Stipend	_____	_____
F.I.C.A.	_____	_____
Travel	_____	_____
Housing	_____	_____
Medical Insurance	_____	_____
Other	_____	_____
Total	_____	_____
B. Program Total	_____	_____
C. Other Requests	_____	_____
<u>TOTAL AMOUNT OF 2009 GRANT REQUEST</u>		_____

4. Provide a brief statement describing how any "Program" money will be used.

5. What is the primary mission of your CSM? If you have a Mission Statement, please include it or attach it.

6. Describe the principle tasks of your CSM worker.

7. Please provide a copy of your 2008 and your anticipated 2009 budget. Include lists of major grants and anticipated sources of income for 2009.

9. Name of congregation _____ Location _____

Position of person making endorsement _____

Signature _____

Printed name of person making endorsement _____

10. Signature of person making CSM grant request _____

Date of request _____