

**Church Development and Evangelism Committee
Presbytery of Transylvania
2480 Fortune Drive, Suite 140 - Lexington, KY 40509**

Mission, Transformation, and Evangelism Grant Request Form

Name of Congregation _____

Address of Congregation _____

Telephone _____ **E-mail** _____

Name of Contact Person _____

Daytime Telephone number of Contact Person _____

Grant Amount Requested _____

Answer the following questions in as much detail as possible.

I. Please describe in the space below the nature and the goal of the ministry or project to which the grant will be applied.

II. How does this ministry or project fit into you congregations mission plan or ministry goals?

III. How will the impact of the ministry or project be measured and evaluated?

IV. What portion of the ministry or project by the amount requested in this application?
Can the ministry be undertaken with less than the amount requested?

V. Are the funds being requested for a totally new ministry or project, or will they be utilized to expand an ongoing program? Please explain.

VI. Recipients of the grants will be requested to share information about their use of the grant with the congregations of the presbytery and The Church Development and Evangelism Committee. Please describe ways in which you would be willing to share your story with others.

VII. (*Optional*) Other information which you would like to include in your application.

Date Request Approved by Session _____

Signature of the Moderator or Clerk _____