

*Presbytery of Transylvania Social Witness and Mission Committee*

*Hunger Grant Request Form*

Date Submitted: \_\_\_\_\_

1. Name of Congregation making request:

\_\_\_\_\_

2. Is record of sessional approval or appropriate sessional committee attached?

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3. Total Amount requested: \_\_\_\_\_

4. Provide a brief statement describing the program to be supported.

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\_\_\_\_\_

\_\_\_\_\_

5. What other congregations or community organizations are involved in the program?

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\_\_\_\_\_

6. What is the extent of your congregation's involvement with the program?

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\_\_\_\_\_

7. How will the funds be used?

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8. Attach a copy of the current budget for the program and/or the agency conducting the program.
9. Please list the name, address, email address and phone number of the person we may contact about this request. (At your church)

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10. The Social Witness and Mission Committee, in approving this grant, may ask that you or another representative be willing to speak briefly at a future Presbytery meeting about your program or activity that these funds are to be used for.
11. Signature of Stated Clerk and/or Moderator of Session:

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