



Synod of the  
Mid-Atlantic

# DISASTER RELIEF APPLICATION

3601 Seminary Avenue | Richmond, Virginia 23227 | 804 342-0016 | www.synatlantic.org

## GENERAL INFORMATION

CHURCH/PRESBYTERY/ORGANIZATION:\* \_\_\_\_\_

NAME OF PERSON (S) COMPLETING APPLICATION:\* \_\_\_\_\_

TITLE: \_\_\_\_\_

CONTACT PHONE:\* \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT EMAIL:\* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*\*Required information*

SPECIFIC PURPOSE OF GRANT: \_\_\_\_\_

\_\_\_\_\_

EXPLAIN HOW THIS GRANT WOULD ASSIST IN THE MINISTRY OF YOUR CONGREGATION OR ORGANIZATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## FUNDING

AMOUNT REQUESTED: \$ \_\_\_\_\_ (MUST COMPLY WITH FUND REQUEST LIMITS: \$5,000 MAXIMUM)

*If the need to be address is for a capital purchase (equipment, furnishings, repairs, renovations, etc.), please attach bids/ pricing from two contractors or business:*

FIRST BID: \$ \_\_\_\_\_

SECOND BID: \$ \_\_\_\_\_

*If the need is of an emergency basis, please describe and provide details about when funding may be needed:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If the need is for a ministry or mission cause, not capital improvements what do you hope to accomplish, when and how? Please complete the following to identify your most important goals/objectives (up to 3).

Attach additional pages, if necessary:

GOAL OBJECTIVE	EXPECTED OUTCOME	HOW WILL IT BE MEASURED?

If other Synod funding has been provided, please indicate the amount and ministry. So that we might evaluate your application completely, please attach your church operating budget (income and expenses), which specifically details what funding you receive each year from other sources including specific Presbyteries of the Synod of the Mid-Atlantic or from other funds of the Synod such as the Jubilee Fund, Speer Fund, etc.

If the grant requested is for a capital improvement, please provide the overall anticipated project costs:

---

---

---

## PRESBYTERY APPROVAL \*

\*Required

PRESBYTERY NAME: \_\_\_\_\_

PRESBYTERY FUNDS WERE CONSIDERED AND IN PARTNERSHIP WITH THE SYNOD, THE PRESBYTERY WILL PROVIDE THE FOLLOWING TOWARDS THE GRANT REQUEST:

THIS GRANT INFORMATION WAS REVIEWED AND APPROVED BY THE MISSION STRATEGY BODY OF THE PRESBYTERY WITH THE FOLLOWING COMMENTS: \_\_\_\_\_

\$ \_\_\_\_\_

I hereby certify that this application was reviewed and approved for compliance with the mission goals and strategy of the Presbytery.

SIGNATURE: \_\_\_\_\_  
PRESBYTERY EXECUTIVE/DESIGNEE

DATE: \_\_\_\_\_

## CERTIFICATION

By signing below, I certify that the funds sent by the Synod of the Mid-Atlantic as described above will be spent according to the grant's intention. If there is any addition information, please attach a separate page.

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

---

# PROJECT BUDGET

---

INCLUDE BUDGET OR ATTACH.

# ANNUAL CHURCH BUDGET

---

INCLUDE BUDGET OR ATTACH.

# SUBMIT GRANT APPLICATION

---



SEND COMPLETED APPLICATION AND SUPPORTING DOCUMENTATION TO:

The Synod of the Mid-Atlantic  
Attn: Grants & Awards Committee  
3601 Seminary Avenue  
Richmond, VA 23227

[chollingshead@synatlantic.org](mailto:chollingshead@synatlantic.org)

804-342-0016. . . . . PHONE

804-355-4884. . . . . FAX