

(To complete : Please download the document, rename, and save the file before completing. Send as an attachment by email to lbarnes@njsynod.org. Applications are due by September 30, 2023.)
Date:
Name of Applicant Ministry:
Address
City/Town/Zip
Phone:
Contact Person Email:
Application Sponsor (Mission Team/Task Group/Committee/Congregation) Congregations must have the endorsement of their Mission Cluster Counselor or Mission District Dean (name and email) <u>must</u> be indicated:
SECTION 1: Ministry Project - Brief Description
Project Goal(s)
Project Plan Outline
SECTION 2:
Amount of Funding Requested:
Current Funding (if applicable)

Will this project require funding	g beyond next year? If so, what is the plan for funding?
Describe local resources investe	ed (or will be invested) in the project:
SECTION 3:	
Describe this project's relations	ship to, or potential impact upon, any of the following
Urban Ministry:	
Inclusiveness and celebrat	tion of diversity (color, language, ages, gender):
Needs of the Disadvantage	ed:
Mission innovation in char	nging situations:
Partnership with other mi	inistries:

SECTION 4:

Yes, attached is a proposed Spending Plan for the Ministry Project, including staff costs, facilities needed, and program costs. Additional materials may also be attached, if such would be helpful in understanding the reason for or intent of the project.

<u>Yes, attached is the endorsement (email or letter)</u> of our congregation's Mission Cluster Counselor or Mission District Dean. Congregation grants will not be considered without endorsement.