



(**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 30th.)

Date:

Name of Applicant Ministry:

Address

City/Town/Zip

Phone:

Contact Person

Email:

Endorsement: Congregations **must** have the endorsement of their Mission Cluster Counselor or District Dean,. They are aware of this criteria and have the necessary form to submit to the Synod Office. Please indicate the counselor or dean below.

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 beyond next year? If so, what is the plan for funding?

Describe local resources invested (or will be invested) in the project:

SECTION 3:

Describe this project's relationship to, or potential impact upon, any of the following

Urban Ministry:

Inclusiveness and celebration of diversity (color, language, ages, gender):

Needs of the Disadvantaged:

Mission innovation in changing situations:

Partnership with other ministries:

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.

Yes, I have reached out for the endorsement of our ministry/congregation's Mission Cluster Counselor or District Dean. Congregation grants will not be considered without endorsement.