

The Presbytery of Susquehanna Valley

Creative Ministry Grant Application

*“The Presbytery of Susquehanna Valley lives to serve and encourage congregations
as we together seek to be faithful to our calling in Jesus Christ.”*

Date: _____

Creative Ministry Project: _____

Details: _____

Contact person for this application: (name, phone, e-mail, church)

How does this project enhance the local church's vision/mission statement?

Funds Requested from the Presbytery: \$ _____

Overall Budget of the project \$ _____

Other income sources? \$ _____ requested. \$ _____ granted.

From what source(s): _____

How will the money be used?

How will you evaluate or measure the effort?

Are you willing to share with the Presbytery an evaluation of this project? YES / NO

Approved by Session on: _____ (date)

Signed: _____ Clerk of Session

Return to: Grant Funding Review sub-committee: PO Box 87, Nineveh, NY 13813

The Presbytery of Susquehanna Valley

Creative Ministry Grant Review Form

*“The Presbytery of Susquehanna Valley lives to serve and encourage congregations
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Date: _____

Nature of the Creative Ministry Project: _____

Was the Creative Ministry Project worthwhile? Yes/No Why? _____

Would you do it again? Yes/No Why? _____

What do you celebrate from this project? _____

What did you learn? _____

What would you do differently? _____

Please provide a summary of how the presbytery Creative Ministry funds were used:

Please provide a summary of how the presbytery Creative Ministry funds were used:

Contact information for the person filling out this Review Form:

Name: _____

Address: _____

Phone: _____

Email: _____

Congregation: _____

Signature: _____

Date: _____

Please return within 30 days of the conclusion of the project to:

Grant Funding Review sub-committee: PO Box 87, Nineveh, NY 13813