

*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  
as we together seek to be faithful to our calling in Jesus Christ.”*

**Date:** \_\_\_\_\_

**Nature of the Creative Ministry Project:** \_\_\_\_\_

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**Was the Creative Ministry Project worthwhile? Yes/No Why?** \_\_\_\_\_

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**Would you do it again? Yes/No Why?** \_\_\_\_\_

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**What do you celebrate from this project?** \_\_\_\_\_

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**What did you learn?** \_\_\_\_\_

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**What would you do differently?** \_\_\_\_\_

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

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**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**