The Presbytery of Susquehanna Valley

Cooperative Mission/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."

A Cooperative Mission/Ministry is defined as two or more churches, faith communities, or not-for-profit organizations, at least one of which is a church of the Presbytery of Susquehanna Valley, joining together cooperatively to do mission and/or ministry. When funding is requested from the presbytery, the governing boards of each participating body must formally endorse the cooperative mission/ministry@ purpose. The projects need to be purposeful, address the needs of the community, and enhance the applying congregation@ vision/mission statement.

Date:		
Nature of the Cooperative Mission/Minis	stry:	
Details:		
Details.		
Churches and/or organizations in cooper		
Name:	Location:	Date of Governing Body Approval
Contact person for this application: (nar	ne, phone, e-mail, church)
How does this cooperative mission/minis	try enhance your 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

Revised: 3-2-17

The Presbytery of Susquehanna Valley

Cooperative Mission/Ministry Grant Review Form

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Date:	
Nature of the Cooperative Mission/Ministry:	
Churches and/or organizations in cooperation: Name:	Location:
Was the cooperative mission/ministry 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 Presh	bytery Cooperative Mission/Ministry Grant funds were used
Contact information for the person filling	out this Review Form:
Name:	
Address:	
Phone:	
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

Revised: 3-2-17