

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's purpose. The projects need to be purposeful, address the needs of the community, and enhance the applying congregation's vision/mission statement.

Date: _____

Nature of the Cooperative Mission/Ministry: _____

Details: _____

Churches and/or organizations in cooperation:

Name:

Location:

Date of Governing Body Approval:

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

How does this cooperative mission/ministry 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

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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 Presbytery Cooperative Mission/Ministry Grant 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