

**THE PRESBYTERY OF BOSTON**  
**EBF Mission/Leadership/Education Funding Requests**  
**Peacemaking/Mission Budget Requests**

<u>Type of Project</u>	<u>Approval</u>	
	(date)	(initials)
_____ <b>East Boston Fund</b>	<b>CEM</b>	_____
__ <b>Leadership / Education</b>	<b>CS&amp;D</b>	_____
__ <b>Mission</b>	<b>S&amp;B</b>	_____
_____ <b>Peace-making Grant</b>	<b>Council</b>	_____
_____ <b>Annual Mission Budget 20__</b>	<b>Presbytery</b>	_____
	<b>PPG</b>	_____

**IDENTIFICATION**

**I. Applicant (for individual scholarship request) or person completing this form  
Name, address, phone, email**

**II. Church and contact information**

**III. If this is a partnership/cooperative effort with another church, please include  
contact information for that church: Joint Applicant Name, address, phone, email**

**IV. Joint Applicant for partnership with other agencies. Contact information for the  
agency or organization: Name, address, phone, email**

**V. For church requests, please attach approval and endorsement of session  
and also a current church budget and financial report.**

**PROJECT/EVENT DESCRIPTION**

**I. Project/Event Name**

**II. Project/Event Sponsor(s)**

**III. Name and email of project/event contact person, if different from above**

#### **IV. Project/Event Goals**

#### **V. Strategy plans to achieve these goals**

#### **VI. Timeline – when does this take place?**

### **FUNDING**

**I. State the amount of grant you are requesting \$ \_\_\_\_\_**

**a) Grant is being sought for: \_\_\_ One year \_\_\_ Two years \_\_\_ Three years**

**b) Funding begins \_\_\_\_\_ (date)**

#### **II. Project/Event Description**

**a) Describe the project/event in 100 words or less** (use reverse side of this page or attach an additional sheet if necessary)

**b) Indicate if this is:**

1) \_\_\_\_\_ a new proposal

2) \_\_\_\_\_ a new thrust of an existing program

3) \_\_\_\_\_ a continuing ministry

**III. Purpose: needs to be met, benefits, specific ways grant funds will be used**

**IV. For church projects, attach project budget**

**V. Planned sources of funds**

- a) Fund requests
- b) Funds already obtained
- c) Church funding
- d) Other

**VI. How will you proceed if this grant is denied?**

**VII. Please indicate plans for continued funding if this project is to continue beyond the scope of this request.**

**EVALUATION** (on reverse side of this page or attach additional sheet if necessary)

**Describe briefly the process that will be employed to evaluate the use of the funds being requested, and to assure the proper accountability. This should include annual progress reports for multi-year requests, a final written report for CEM or CCS & D when the project/event is completed; a brief report if this is a scholarship.**

**Signature and date of person(s) submitting request**

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Name

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Date