



THE PRESBYTERY OF  
LOS RANCHOS  
P.O. BOX 910 ANAHEIM, CA 92815-0910

# STRATEGIC COORDINATING TEAM MATCHING GRANT APPLICATION

Application # \_\_\_ - \_\_\_\_\_  
PLR USE ONLY

Date of Application: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Person submitting application:

Up to \$1500 - Complete Section A

Over \$1500 - Complete Sections A & B

Name: \_\_\_\_\_

This is a matching grant. What amount have you requested and/or received from other funding sources? \$ \_\_\_\_\_

Email: \_\_\_\_\_

## SECTION A

### Remittance Information – If awarded, the check is to be made payable to:

Name of organization: \_\_\_\_\_

Street or P.O Box: \_\_\_\_\_ Apt./Ste./Unit # \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Additional Information** Phone: \_\_\_\_\_ (Textable?  Yes  No)

Email: \_\_\_\_\_ Website: \_\_\_\_\_

If a non-PLR organization, name of partnering PLR entity/ies:

\_\_\_\_\_

### Purpose - How will you use the grant?

*For Projects/Programs Previously Awarded a PLR Grant – Skip to Section B*

Name or Working Title of Project/Program/Initiative \_\_\_\_\_

Briefly describe the nature of the project and the estimated expenses to which you will be applying the grant and the source(s) of matching funds.

\_\_\_\_\_

### Outcome(s) - What are your goals and how will this grant help you accomplish them?

Describe your goals. If applicable, include: How will you measure progress/success? How will use of the grant improve the likelihood of progress/success? What risks might hinder you in meeting your goals? What steps will you take to mitigate these risks? (Attach additional page if needed to complete response.)

\_\_\_\_\_

## SECTION B - For requests over \$1500

### Project/Program/Initiative Previously Awarded a PLR Grant

- Attach a Grant Evaluation/Feedback form for the previous grant year.
- Attach an itemized project budget, including all additional sources of income.
- Attach a proposed project schedule, identifying tasks to be completed and deadlines for their completion. Be sure to include plans for a regular reporting of program progress to supporters/congregational partners/grantors (including PLR) to take place (indicate one)  monthly  quarterly  semi-annually.

Describe your current goals, noting any changes you have had in resources in the past year (staffing, operating costs, volunteers, giving) and how these changes have positively or negatively shaped these goals.

Describe how you will apply this year's grant toward meeting your current goals.

### New Project/Program/Initiative

- Attach an itemized project budget, including all additional sources of income.
- Attach a proposed project schedule, identifying tasks to be completed and deadlines for their completion. Be sure to include plans for a regular reporting of program progress to supporters/congregational partners/grantors (including PLR) to take place (indicate one)  monthly  quarterly  semi-annually.

#### PLR USE ONLY

##### APPLICATION PROCESSING

Date Received: \_\_\_\_\_

Sent to SCT Network Team Convener:

Name: \_\_\_\_\_

Team: \_\_\_\_\_

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

Report Date: \_\_\_\_\_

Decision: \_\_\_\_\_

Account# \_\_\_\_\_

Award Amount: \$ \_\_\_\_\_

SCT Meeting Date: \_\_\_\_\_

SCT Decision: \_\_\_\_\_

Check Request: \_\_\_\_\_

Check # \_\_\_\_\_

Date sent \_\_\_\_\_

##### FUNDING SOURCE

Current Year SCT Budget

Hearn Endowment

Hernandez Endowment

Joining Hearts & Hands

Peace & Global Witness

Other \_\_\_\_\_

##### CLASSIFICATION

Existing Congregation

NWC

Non-PLR Organization