



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

Email: _____

received from other funding sources? \$ _____

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