

**Signal Mountain Presbyterian Church**

*Community Ministries*

*612 James Blvd*

*Signal Mountain, TN 37377*

**Grant Application**

Ministry Name: \_\_\_\_\_ Preferred Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Federal Tax I.D. Number \_\_\_\_\_

Amount of Request: \_\_\_\_\_ Amount Received Last Year: \_\_\_\_\_

Preferred Contact Phone: \_\_\_\_\_ Website: \_\_\_\_\_

**Please reply to each of the following questions. Please keep your answer to each question to less than 250 words.**

**1) What is the stated purpose and mission of your organization?**

**2) Describe how your organization participates in the proclamation of the Gospel and the advancement of Jesus' Kingdom in Chattanooga and beyond.**

**3) How do you differentiate the work your organization does from any ministries that do similar work here in Chattanooga?**

**4) How do you measure the effectiveness of your work and ministry? Describe in detail the kind of metrics you use to determine the extent, depth, and impact of the work that you do. (You may use up to 500 words for this response.)**

**5) How has your organization, the demographic you serve, and the way you serve changed in the last five years, if at all?**

**6) What ongoing volunteer needs -- one-time, short-term, and long-term -- do you have? Describe to us how we might partner with you in linking Signal Pres members to your ministry and work.**

**7) Describe the relationship of your church to Signal Pres. Who among us has been a part of your work, and how have we been of service to you in the past?**

**8) How will this support be used by your organization?**

**9) How can we pray for you?**

**Additional Personnel Information:**

Executive Director

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

E-mail: \_\_\_\_\_

Chairman of the Board:

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

E-mail: \_\_\_\_\_

CFO/Treasurer:

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

E-mail: \_\_\_\_\_

**Organizational Information:**

Number of board members: \_\_\_\_\_

Number of paid staff: \_\_\_\_\_

Description of paid staff positions:

Number of volunteer staff: \_\_\_\_\_

Description of volunteer staff positions:

**Financial Information:**

Projected Income: \_\_\_\_\_

From Individuals: \_\_\_\_\_

From Companies: \_\_\_\_\_

From Government: \_\_\_\_\_

From Churches: \_\_\_\_\_

From Foundations: \_\_\_\_\_

From Endowment: \_\_\_\_\_

Projected Expenses: \_\_\_\_\_

Administrative: \_\_\_\_\_

Fund raising: \_\_\_\_\_

Programs and services: \_\_\_\_\_

Is your ministry an Allied Arts or United Way Agency? \_\_\_\_\_

Are you a 501(c)3? \_\_\_\_\_

*(If affiliated with AA or UW, please attach a copy of your letter of permission to engage in a separate fundraising effort.)*