

March 10, 2008

Dear Friends,

The Division for Outreach Ministries, the Ministries of Mission Hunger Program, and the Self-Development of People Committee of the Presbytery of New Hope invites requests for funds for special ministries to be awarded in **2009**. Projects should provide for witness and service within the bounds of the Presbytery, reinforcing and extending beyond the work of the local church in ministries of social justice, peacemaking, and ministry to special populations. Many of you have participated in providing food or hunger-related services in your particular area.

Linkage to and endorsement by local Presbyterian congregations is critical. **PLEASE READ OVER THE CRITERIA TO DETERMINE WHICH GRANT APPLICATION YOUR PROGRAM SHOULD APPLY FOR AND SUBMIT ONLY ONE (1) REQUEST. If your congregation or program wishes to propose a project for funding, submit a proposal for funding by AUGUST 25, 2008 to:**

**The Presbytery of New Hope  
Grant Proposal Application  
2309 Sunset Avenue  
Rocky Mount, NC 27804**

The request is to include the following:

- A description of the specific project or task for which the money is requested.
- A projected budget for 2008, showing all sources of funds, and the specific use(s) to which the Presbytery of New Hope monies will be applied.
- A description of the way(s) that a Presbyterian congregation(s) is involved in the planning, implementation, endorsement, or support of the project. **You must submit a local Presbyterian Church's endorsement with your application in order to be considered.**

Grants will be made for one year only, but may be applied for annually. The maximum dollar amount to be awarded will be \$2,000.00. Site visits and evaluations by the staff of the Presbytery and/or committee members may be made during the year of the grant. **APPLICANTS WILL BE NOTIFIED BY MAIL IN LATE JANUARY 2009 OR EARLY FEBRUARY 2009 IF YOU WERE APPROVED OR DENIED FOR FUNDING, MONIES WILL BE DISTRIBUTED IN FEBRUARY 2009.**

Thank you for the excellent work you continue to do.

Sincerely,

Reverend Marilyn E. Hein  
Associate Executive Presbyter

***Enclosure: Domestic Hunger Grant, International Hunger Grant, Outreach Grant Applications, and SDOP invitation to apply letter (APPLY FOR ONLY ONE)***

Today's Date \_\_\_\_\_

DEADLINE DATE: AUGUST 25, 2008

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

**PRESBYTERY OF NEW HOPE APPLICATION FOR OUTREACH MINISTRY GRANT**

**Criteria for consideration in awarding monies**

1. The program operates within the geographical boundaries of the Presbytery of New Hope.
2. The program has the endorsement of a Presbyterian church within the Presbytery. (A letter of endorsement from the pastor of a local Presbyterian congregation should be included along with the application.)
3. The program clearly demonstrates that the people who benefit from the program are involved appropriately in the creation and implementation of the program.
4. The organization requesting funds is obtaining local funding and support also from area churches and civic organizations.
5. The need for service in the area is clearly demonstrated and does not duplicate services being provided by other organizations.

PROGRAM \_\_\_\_\_ DIRECTOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE (    ) \_\_\_\_\_

BRIEF DIRECTIONS (to the program site) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

NAME OF SPONSORING LOCAL PRESBYTERIAN CHURCH OR LOCAL CHURCH OF ANOTHER  
DENOMINATION \_\_\_\_\_

**On a separate sheet(s) of paper, respond to the following:**

DESCRIPTION OF PROGRAM

1. What human need(s) does the proposed or continuing program seek to meet?
2. How long has the program been in operation and what is it accomplishing?
3. Identify the groups or individuals (and their age levels) the program has served. Identify the number of persons served in the past 12 months or since the program's inception .
4. List the goals the program will pursue in the next 12 months and plan for accomplishments, and evaluation of success. Include the approximate numbers and types of people to be helped.
5. List all the churches and organizations involved in the program?

**PROGRAM FUNDING INFORMATION**

1. Provide an itemized budget for 2006 including a list of all funding sources.
2. Provide the total budget for current year. List all expenses under appropriate heading.

Personnel (salaries and benefits)  
Operating Expenses (rent, utilities, etc.)  
Program (specific program costs)  
Other Expenses (itemized)

**TOTAL EXPENSES**

3. List all income and sources for current year.
4. **AMOUNT REQUESTED FROM THE PRESBYTERY OF NEW HOPE OUTREACH  
MINISTRY GRANT PROGRAM \$ \_\_\_\_\_ .**

*(Grants are limited to \$2,000)*

For what specific purpose(s) will this grant money be used?

Signature of Program Director \_\_\_\_\_

**PLEASE COMPLETE AND RETURN TO:**

**THE PRESBYTERY OF NEW HOPE  
RENÉ BAKER  
2309 SUNSET AVENUE  
ROCKY MOUNT NC 27804**

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(FOR OFFICE USE ONLY)

**RECOMMENDATIONS OF OUTREACH MINISTRY UNIT**

**APPROVED**

**DENIED**

**REASON**

Today's Date \_\_\_\_\_

DEADLINE DATE: **AUGUST 25, 2008**

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

**PRESBYTERY OF NEW HOPE APPLICATION FOR DOMESTIC HUNGER GRANT**  
**(Pennies for Hunger/2 Cents Per Meal)**

**Criteria for consideration in awarding monies**

1. The program operates within the geographical boundaries of the Presbytery of New Hope.
2. The program has one or more Presbyterian churches in the Presbytery involved in the planning and implementation or endorsement of the program. A letter from at least one Presbyterian Church in your area needs to be included with your application.
3. The program demonstrates that those benefiting from the program are involved in the creation and implementation of the program. Please explain how this is being accomplished.
4. The program helps the participant in so far as possible to become self-reliant.
5. The program addresses chronic conditions of hunger with long-range and short-range solutions.
6. The program demonstrates that it makes use of the N.C. Food Bank or Albemarle Food Bank.

NAME OF PROGRAM \_\_\_\_\_ DIRECTOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE (     ) \_\_\_\_\_

BRIEF DIRECTIONS (to the program site) \_\_\_\_\_

NAME OF SPONSORING LOCAL PRESBYTERIAN CHURCH \_\_\_\_\_

IN ADDITION TO RESPONDING TO THE ABOVE CRITERIA, PLEASE ANSWER ON A SEPARATE PAGE(S) THE FOLLOWING:

1. What human need(s) does the proposed or existing program seek to meet?
2. How long has the program been in operation and what has been accomplished?
3. Identify the types of groups or individuals and age levels you have served, and the number of persons served in the past twelve months or since the program began.
4. List the goals you will pursue in the next twelve months. Include the approximate numbers and types of people you hope to help?
5. Please list all the churches and organizations involved with your program?

**FUNDING INFORMATION ON THE PROGRAM**

Total budget for current year \$ \_\_\_\_\_

<b>EXPENSES</b> (please list in this column a figure opposite appropriate heading)	<b>INCOME</b> (please list in this column all income and sources)
Personnel (salaries) \$ _____ \$ _____ \$ _____	
Operating (rent, util.) \$ _____	
Program (food costs, any direct aid to persons served) \$ _____	
Other expenses (list) \$ _____	
<hr/>	<hr/>
<b>TOTAL EXPENSES</b> \$ _____	<b>TOTAL INCOME</b> \$ _____

**AMOUNT REQUESTED FROM THE PRESBYTERY OF NEW HOPE DOMESTIC HUNGER GRANT - COMMITTEE** \$ \_\_\_\_\_

For what purpose will this grant money be used? \_\_\_\_\_  
\_\_\_\_\_

IS THIS PROGRAM CURRENTLY PARTICIPATING IN THE N.C. FOOD BANK OR ALBEMARLE FOOD BANK AND IF SO HOW?

Yes                      No  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of program director

\_\_\_\_\_  
Signature of a representative of sponsoring Presbyterian Church

**PLEASE COMPLETE AND RETURN TO:**

**THE PRESBYTERY OF NEW HOPE  
RENÉ BAKER  
2309 SUNSET AVENUE  
ROCKY MOUNT NC 27804**

**RECOMMENDATIONS OF HUNGER COMMITTEE:** Recommended for \$ \_\_\_\_\_  
**Denied (reason)** \_\_\_\_\_

**To: All Churches within New Hope Presbytery**  
**From: John Etheredge, Moderator Self-Development of People Committee**

**Date: March 10, 2008**

The New Hope Presbytery Committee for the Self-Development of People (SDOP) is actively seeking applications for funding for qualified projects for the 2009 calendar year. Grants from New Hope Presbytery SDOP Committee are a maximum of \$10,000, but groups are strongly encouraged to submit projects of lesser amounts. **The deadline for application is August 25, 2008.**

Self-Development of People is a ministry to provide financial assistance to groups of people who organize to develop and implement a program to help themselves. There are Committees for the Self-Development of People on both the National and Presbytery level. Funding for SDOP grants is provided through the One Great Hour of Sharing offering.

The basic guidelines are (1) the project will be presented, owned and controlled by the group of people who will directly benefit from the project and (2) the project must be located geographically within the boundaries of New Hope Presbytery.

A SDOP domestic application can be requested from René Baker at the Presbytery office; 252-443-7090 ext. 109 or [rbaker@nhpresbytery.org](mailto:rbaker@nhpresbytery.org). Projects submitted for consideration for funding should include the following information:

- A description of the need for the project. This should include how the project addresses long-term correction of conditions that keep people bound by poverty and oppression.
- Identify how the direct beneficiaries will be involved in all stages of the project.
- The goal for the project.
- The step by step plan of action (“objectives”).
- A list of people who will be involved and what they will do in the project.
- The methods used to achieve the goal and objectives.
- A full financial plan for the project. The financial plan should include a balanced income and expenditure budget with the specific items to be funded by the SDOP grant.
- A list of all other resources that is available for the project, including financial and gifts-in-kind.
- The project presented for funding should specify how progress toward the stated goals and objectives will be evaluated by the group and when the evaluation will be made.
- Is this grant for programs with specific Presbyterian connections and if so they need to be described?

Grants from the New Hope Presbytery SDOP are a maximum of \$10,000, but groups are strongly encouraged to submit projects of lesser amounts. Qualified groups requiring funding above \$10,000 should consider applying to the National Committee for the Self-Development of People.

**Applications should be submitted to:**  
**The Presbytery of New Hope**  
**Self-Development of People Grant Proposal**  
**2309 Sunset Avenue**  
**Rocky Mount, North Carolina 27804**

If you or person preparing the application has questions concerning Self- Development of People criteria, contact any of the members of the New Hope Presbytery Self-Development of People Committee.

John Etheredge, Vice-Moderator  
1330 Benvenue Road  
Rocky Mount, North Carolina  
252-977-3888

Marilyn E. Hein, Staff  
2309 Sunset Avenue  
Rocky Mount, North Carolina 27804  
252-443-7090 ext. 125

Tilda Howard  
PO Box 912  
Enfield, North Carolina 27823  
252-445-2599

Raymond Privott  
1207 Rodgers Drive  
Tarboro, North Carolina 27886  
252-823-2464

James Hodge  
5101 Oak Park Road  
Raleigh, North Carolina 27612  
919-787-4790

Timothy Neal  
310 Lake View Road  
Louisburg, North Carolina 27549  
919-496-4341

Leorita Hankerson  
1240 Hammond Street  
Rocky Mount, North Carolina 27804  
252-407-7691

Joseph Ward  
27 Horne Street  
Raleigh, North Carolina 27650  
919-828-5468

Martha Strayhorn  
411 Duggins Drive  
Kinston, NC 28501  
252-527-1017

Today's Date _____
Date Received _____

**Application for International Hunger Fund Grant  
The Presbytery of New Hope**

**FUNDS NOT TO EXCEED \$10,000.00      DEADLINE DATE:      AUGUST 25, 2008**

**Name of Organization**

\_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_ E-Mail \_\_\_\_\_

**Person Completing Application:** \_\_\_\_\_ **Proposal Request \$**

\_\_\_\_\_

**Purpose:**

1. How would fulfilling this request help in direct or indirect ways to decrease malnutrition and improve the health and human condition of the local people?
  
  
  
  
  
  
  
  
  
  
2. If vehicles or other equipment are involved, will your agency be able to provide for up-keep in the future? How?
  
  
  
  
  
  
  
  
  
  
3. Will this/these items be secured locally or by other means? Describe.
  
  
  
  
  
  
  
  
  
  
4. Have the staff and/or the Board of Directors approved these requests?

5. As a result of the way in which this project is progressing, are local people becoming more self-sufficient and in fuller control of their lives, especially women?

6. Evaluation – How will you determine that the goals of Questions No. 1 are being reached?

7. Do you have participation or support from a local Presbyterian or Reformed Church? Describe.

Name of Governing Body or Agency that Endorsed Request \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

**Please Attach a copy of your budget (application will not be reviewed without one)**

**Return Application and Budget to:**

**The Presbytery of New Hope  
International Grant  
2008  
2309 Sunset Avenue  
Rocky Mount, NC 27804**

**Phone: 252.443.7090 ext. 109  
Fax: 252.443.5229  
E-mail: [rbaker@nhpresbytery.org](mailto:rbaker@nhpresbytery.org)**

**DEADLINE for APPLICATION August, 25,**

Approved \_\_\_\_\_

Denied \_\_\_\_\_

Reason \_\_\_\_\_