

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

Today's Date _____

FUNDS NOT TO EXCEED \$10,000.00 DEADLINE DATE: AUGUST 15, 2005

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
2309 Sunset Avenue
Rocky Mount, NC 27804
Phone: 252.443.7090 Fax: 252.443.5229
E-mail: rbaker@nhpresbytery.org

DEADLINE DATE: AUGUST 15, 2005

Approved _____
 Denied _____
 Reason _____