

Application Deadline Date: **August 22, 2025**

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

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

## **2025 NEW HOPE PRESBYTERY HUNGER GRANT APPLICATION**

### **A. IDENTIFICATION**

1. Name of your agency/project: \_\_\_\_\_

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

Checks made payable to: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

First time applying? \_\_\_\_\_ Previously received funds? \_\_\_\_\_ When? \_\_\_\_\_

Links (website/Facebook/other): \_\_\_\_\_

\_\_\_\_\_

2. Name & title of contact person: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

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

3. Sponsor(s) of this project:  
(List name(s) of churches, ecumenical agencies, community agencies, and other funding/volunteer sources.)

### **B. DESCRIPTION**

1. Which of the following best describes your agency/project?

\_\_\_\_\_ This is an ongoing agency/project, established in \_\_\_\_\_

\_\_\_\_\_ We are planning for expansion or have a special situation (Describe briefly)

\_\_\_\_\_ We are in need of emergency assistance (Describe briefly, telling what steps are being taken to avoid a future emergency)

\_\_\_\_\_ We are starting something new (Describe briefly)

2. What is your mission?

3. What does the project/agency do?

4. What has been accomplished?
5. If your agency is involved in a direct feeding program, how many people per month does it feed? \_\_\_\_\_ What kinds of food assistance does the program provide? (Meals, grocery vouchers, food boxes, other)
6. If your agency is involved in development assistance for the hungry, how many people per month are helped? \_\_\_\_\_ What kind of assistance?

Approximately, how many of these people get assistance from other sources?

7. What area(s) do you serve?
8. Describe your organization structure. Include staffing (paid and/or volunteer) and who approves your disbursement of funds.

**C. BUDGET**

1. Please attach your most recent budget showing anticipated receipts and expenditures.
2. Describe your main sources of income (and amount) over the last 3 years and projected income for the coming year.
3. What are your plans for financing beyond the current year?
4. What is your requested grant amount from the Presbytery of New Hope Hunger for Change Fund? (Grants are limited to \$2,000) \_\_\_\_\_
5. What do you plan to do with the Presbytery of New Hope Hunger for Change Fund if granted?
6. How would these funds assist with your overall purpose?
7. If you do not receive Hunger for Change Fund, what will the impact be on your project?
8. Is your program currently participating in the Food Bank of Central and Eastern North Carolina or the Food Bank of the Albemarle?
 

Yes	No
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# New Hope Presbytery - Hunger Grant

## Session Endorsement - 2025

Name of agency/project: \_\_\_\_\_

### A. SESSION

1. How long has your church been working with the agency/project?

2. Describe how your congregation is involved with the agency/project.

### B. ENDORSEMENT

The Session of the \_\_\_\_\_  
Church

of \_\_\_\_\_, North Carolina has approved to endorse the

\_\_\_\_\_ agency/project.

Signed: \_\_\_\_\_  
(Clerk of Session or Pastor) (Date)

**\*Note:** If your project is located within the geographical boundaries of the Presbytery of New Hope, but **DOES NOT** have a Presbyterian Church located nearby, please have another church body endorse your project.

An **Accountability Report** MUST accompany your application if grant monies were received in any previous funding year.

## Accountability Report

Name of agency/project: \_\_\_\_\_

Name and title of contact person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Session Endorsement from \_\_\_\_\_ Presbyterian Church

Grant amount \_\_\_\_\_ Grant year from \_\_\_\_\_ to \_\_\_\_\_

Purpose for which grant was given \_\_\_\_\_

1. **Total grant money expended:** \_\_\_\_\_  
Please attach a copy of appropriate financial report(s).
  
2. **Brief description as to how money was used.**  
Please be as specific as possible, including who was assisted, number of persons assisted, what was provided, why it was needed, etc.
  
3. **How did this grant fit in with the overall purpose of your agency?**
  
4. **How did it enable the project to be more effective?**

Please share stories, pictures and videos that illustrate the use of these Hunger Funds to be shared with the supporting churches of the Presbytery of New Hope. Submit to: Shauna Villela at the Presbytery of New Hope, 2022 McDonald Lane, Raleigh, NC 27608 or [hungergrant@nhpresbytery.org](mailto:hungergrant@nhpresbytery.org).

Reported by \_\_\_\_\_ Date \_\_\_\_\_

**Please submit your application by the deadline date of August 22, 2025, to [hungergrant@nhpresbytery.org](mailto:hungergrant@nhpresbytery.org) or mail to The Presbytery of New Hope, 2022 McDonald Lane, Raleigh, NC 27608, ATTN: Hunger Grant Application**