

Project No. _____

Presbytery of the Cascades
Mission Support Committee
Hunger Task Unit
Cents-Ability Grant Application

Date _____

Project Name: _____ Telephone: _____ E-mail: _____

Project Address: _____ City: _____ State: _____ Zip: _____

Church Affiliation: _____ Pastor or Clerk (print): _____ Signature: _____

If not a church, name of requesting organization: _____

Project Contact Person (print): _____ Signature: _____

Amount Requested: _____

HTU Use Only

Amount granted: _____ Date Voucher sent to Presbytery Office: _____

Date, if not approved: _____ Reason: _____

1. **Project or Purpose** *(Please use extra pages to expand your statement, as needed.):*
History:

Describe the need:

List paid help and salaries:

2. How will the funds be spent?

3. Are there other organizations serving this group of people in need? _____
4. If you distribute food, do you keep records of all families and individuals seeking help? _____
5. How many families and individuals do you help? _____ Per Week? _____ Per Year? _____
6. Are your clients encouraged to volunteer in food distribution or to serve on your board?
7. Other information you believe is pertinent.

8. How will this project benefit the spiritual and emotional needs of the recipients?
If food is served at tables, do volunteer staff or members of the congregation sit down and share with the group? _____
9. Have you received a Cents-Ability grant in the past? _____ If yes, when? _____
10. If yes, have you returned the Self-Evaluation? _____ *(No renewed grants will be issued without our receipt of the "Self-Evaluation" of the previous grant project.)*
11. If affiliated with a church, does the church contribute to the Presbytery's Cents-Ability Offering? _____

Presbytery of the Cascades
Mission Support Committee
Hunger Task Unit
Self-Evaluation Form for Cents-Ability

Project Name: _____

Evaluator: _____ Telephone: _____ E-mail: _____

Project Address: _____

City: _____ State: _____ Zip: _____

Date Grant Received: _____ Amount of Grant: _____

Return this form to the address below.

Please describe, in the space below (using additional pages as needed), how the grant funds were spent. The information should include how this grant provided assistance (i.e., the number and status of people served, how they were served, and over what period of time). This evaluation will help the Hunger Task Unit know in what ways the project accomplished its stated purposes. This information may be shared for educational and interpretational purposes.

Acceptance of Grant Funds from the Hunger Task Unit shall be considered as a commitment by the receiving entity to submit a Self-Evaluation Form within one month of the completion of the project or grant period. Pictures and stories are appreciated!

A "SELF-EVALUATION FORM" FROM A REQUESTING ENTITY MUST BE ON FILE BEFORE
ANY FUTURE APPLICATION FOR FUNDING WILL BE CONSIDERED.

Send completed application to:
Presbytery of the Cascades
0245 SW Bancroft St., Suite D
Portland, OR 97239-4272



Presbytery of the Cascades

Remittance Form

CHURCH: _____

ADDRESS: _____

City / State/ Zip: _____

Remitted by: _____ Date: _____

Project Contact Person (print): _____ Signature: _____

Amount collected _____

Amount retained by the church _____

Amount sent to the Presbytery office to be divided equally
between the Presbytery and the PC(USA) Hunger Program. _____

*Please make checks payable to: **Presbytery of the Cascades**, and send to, **0245 SW Bancroft St. Suite D, Portland, OR 97239***

Of the total funds received, each congregation is encouraged to keep 1/3 for its own hunger ministry, send 1/3 to the Presbytery of the Cascades for Cents-Ability Grants accompanied by the final 1/3 which will be forwarded by the presbytery to the Presbyterian Hunger Program of our denomination.

The Hunger Task Unit is always interested in types of Hunger-related projects your church promotes. It is a goal that we will share such information with the churches in our presbytery.

“Share your harvest with the hungry.”