

BISBEE FUND COMMUNITY MINISTRY GRANT APPLICATION, 2024

The Katherine Bisbee Fund Community Ministry Grants program seeks to provide financial support for local church programs/projects which provide services that strengthen the bonds of communities, neighborhoods and families within the Presbytery of the Cascades. Due to the broad scope of this mission and the limited funds available, awards are focused each year on a different broad service area. This year we are seeking applications from **programs that help alleviate hunger and improve food security**. If your church or community partner has an ongoing food-related program or is contemplating a new one that addresses these needs be sure to apply. **Priority will be given to programs that are:**

1. Church-based;
2. Collaborative (done in partnership with other community churches or organizations);
3. Inclusive (provides services to all regardless of race, creed, color, gender identification, national origin or disability); and
4. Innovative.

Priority will also be given to start-ups and **new initiatives within a ministry** over funding for ongoing programmatic expenses.

INSTRUCTIONS: Please give careful attention to the following information:

Project Application and financial statements deadline: October 1, 2024

- ✓ Funding **decisions** will be made by 11/15/24
- ✓ Funding **payments** will be mailed by 12/1/24

Grant amounts ordinarily range from small requests up to \$3,000.

(NOTE: Due to limited funding, not everyone who applies will necessarily be awarded a grant.)

Submit with this application:

- For existing programs—most current fiscal statement.
- For new projects—anticipated budget.
- For new projects--bid(s) for services to be provided by contractor/third party.

GENERAL GUIDELINES

- Apply **ONLY** if your project fits the required theme listed above.
- Concise and clear descriptions are appreciated, *ie.* content vs. volume. Where possible, include specifics such as numbers served, frequency, value of services provided, source(s) of referrals, etc.

You may send your application as an attachment via e-mail to: office@potc.org

Or, you may mail it to:

PRESBYTERY of the CASCADES
Attn: Bisbee Community Ministry Grants
245 S. Bancroft Street, Suite D
Portland, OR 97239

Record Keeping and Reporting of Grant Award: The grant recipient (“Grantee”) shall keep adequate and complete records of the use and administration of the grant. Upon the full expenditure of the grant and/or within one (1) year, whichever occurs first, the Grantee shall send a complete and accurate report to the Presbytery of the Cascades (“Grantor”). The report shall include the beginning balance of the grant and all subsequent disbursements. For each disbursement, a copy the vendor, recipient, entity, employee or independent contractor, invoice or receipt shall be provided of the expenditure or service purchased or provided. The Grantee shall retain all records for a period of three years from the date of the reporting.

**BISBEE COMMUNITY MISSION GRANTS
APPLICATION for FUNDING – 2024**

PROGRAM/PROJECT TITLE: _____

FISCAL AGENT (to whom pymt. Is to be made): _____

ADDRESS _____
Street/PO Box City State Zip Code

CONTACT NAME: _____ TITLE: _____

DAYTIME PHONE (____) _____ E-MAIL: _____

Grant amount requested: \$ _____ **Total Project Costs:** \$ _____

Is there a local PC(USA) congregation prepared to endorse this request? YES ___ NO ___

If so, list name and contact info for Clerk of Session including email & phone.

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- 1. Will the requested funding support a new or existing program/project?**
 - 2. For new projects--submit bid(s) for services to be provided by contractor/third party. It is understood that it can be difficult to get more than one bid. If only one bid was obtained, please describe the reason why:**
 - 3. Number of paid staff:** _____ **Number of volunteers:** _____
 - 4. Describe the community needs/issues the organization intends to address:**
 - 5. Describe the services to be provided:**
 - 6. Is this a collaborative and/or ecumenical effort? If so, please list all participating agencies:**
 - 7. What is your plan for project/program evaluation?**

Signature _____ Title _____ Date _____

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