

Partnership Grant

A grant designed to encourage joint and shared mission and ministry The

Synod of the Trinity | 3040 Market Street, Camp Hill, PA 17011 | 717-737-0421 | grants@syntrinity.org

*The ministry of the Synod of the Trinity is guided by our ends.
Key to the Partnership Grants are two of our secondary ends:
“Extending the partnership of member presbyteries in joint and
shared mission and ministry,” and “Nurturing relationships within
the larger church for the purpose of greater witness.”*



Grant Description

A partnership is a group of people from different congregations, presbyteries or organizations, responding to Jesus' call. They are passionate about a common interest or concern and they connect with one another to live out that call in ongoing ways. This grant is available for developing, connecting and nurturing a partnership. Synod Partnership Grant awards are ordinarily up to \$5,000 but may be as high as \$7,500 for new partnerships that include people from multiple presbyteries. Preference will be given to new partnerships.

**An entity may only apply for one Synod grant per calendar year.
Please choose carefully as you consider your application.**



DEADLINES FOR THIS GRANT'S APPLICATION

May 1: Funding decisions will be made by June 1

November 1: Funding decisions will be made by December 1

PARTNERSHIP GRANT

APPLICATION FORM

Please complete this fillable form by downloading it to your desktop, sign (electronically or print and sign) and email it to grants@syntrinity.org. You are encouraged to contact Chantal Atnip or Susan Wonderland at 717-737-0421 if you have questions.

For Office Use Only:

Date Received _____

Date Reviewed _____

Date Notification _____

Yr _____ Type _____ App# _____

Amount Awarded _____

GRANT APPLICANT'S INFORMATION

Please list the name of the partnership and contact information of the person responsible for answering any questions we may have regarding the grant application. Make sure you list a phone number where that person can be easily reached and an email address that is checked regularly. Thank you!

Name of
Partnership

Contact First and Last Name

Street

City

State

Zip

Email

Home Phone

Cell Phone

PC(USA) AFFILIATION INFORMATION

Congregation, Presbytery
or Organization

Street Address

City

State

Zip

Contact's Name

Email

Phone

Presbytery Affiliation

PARTNERSHIP INFORMATION

Please give a description of the purpose and goals of this partnership.

Please list the names and addresses of individuals, congregations or organizations who are providing leadership for the development of this ministry partnership. There is space in the box for two lines of information. If there are more than four primary leaders, you may list them on the back of the application or attach another sheet.

Name 1

Name 2

Name 3

Name 4

If this is not a new partnership, please give a brief history/timeline of activities and accomplishments of this group.

Please describe how this grant will be used to develop, connect or nurture the partnership.

What are your plans for partnership sustainability?

Please provide a description of how the group's progress will be monitored as directly relating to this grant.

FINANCIAL INFORMATION

Please use the following space to provide detailed income and expense information for this partnership project. Income information must include all funding partners (i.e. contributions from partner congregations, presbytery, partnership participants, other organizations, fundraisers, etc.). Expenses should include all aspects of the project, including possible staffing, materials, publicity, program supplies, etc.).

TOTAL GRANT AMOUNT REQUESTED

GRANT CHECK

Please list the name and address of the organization to which the check should be mailed. **THE CHECK CANNOT BE MADE OUT TO AN INDIVIDUAL. IT MUST BE MADE OUT AND MAILED TO AN ORGANIZATION.**

Organization Name

Street or P.O. Box

City

State

Zip

SIGNATURES

We require documentation that your application has been reviewed by the presbytery's council or administrative team. Upon completion of the review, please have your Executive Presbyter or Stated Clerk sign where indicated below.

PRESBYTERY CONFIRMATION

I verify that the presbytery leadership has been apprised of the application for this grant and has had the opportunity to review this document.

Presbytery Name

Date Reviewed

Name and Title

Executive Presbyter or Stated Clerk

Signature _____

APPLICANT

Please have the person who has filled out this form sign below.

Applicant's Name

Signature _____

POST-EXPERIENCE EVALUATION QUESTIONS

The Synod of the Trinity would like a review of your experience. Please answer the following questions at the conclusion of your project. If the project is longer than a year, please send a status report within six months after the start of the project. Return your responses, along with any photographs, to Chantal Atnip at treasurer@syntrinity.org. **A \$50 Amazon Gift Card will be awarded to you upon completion of the post-experience questions.**

1. Reflecting on the Synod ends associated with this grant "*Extending the partnership of member presbyteries in joint and shared mission and ministry,*" and "*Nurturing relationships within the larger church for the purpose of greater witness,*" what have you learned about the partnership and its potential for ministry?
2. How have you met or not met your goals?
3. If you were to take this work to the next step, what would that look like?
4. How did you or will you share your project and learnings with your home church, your community, your presbytery and your synod?