

# Innovation Grant

***A grant designed to encourage new and creative ventures in ministry*** The Synod of the Trinity | 702 e. Simpson St., Unit 87 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 this Innovation Grant is our secondary end:*

*“Encouraging innovation in, between and among presbyteries through the use of human, programmatic and financial resources.”*



## Grant Description

We live in a time of great change, both in church and culture. It is a time rich with opportunity to reach people for Jesus Christ and it is critical that we build the church's capacity to respond faithfully, without the fear of failure. Congregations, presbyteries and faith-based organizations are encouraged to dream and explore new and innovative possibilities for ministry and mission.

Project initiatives must be “new,” must be funded in partnership using new monies, and must support the ends of the Synod (see page 2). These are one-time grants, with a maximum grant of \$20,000; additional funding of up to \$5,000 may be available when the grant request and implementation includes more than one presbytery. It is expected that a report back to the Synod and some kind of project sharing will take place within 12 months of the grant being received, regardless of how far along the project implementation plan.

**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

February 1: Funding decisions will be made by March 1

May 1: Funding decisions will be made by June 1

October 1: Funding decisions will be made by November 1

## **The Primary End of the Synod of the Trinity:**

“As part of the Body of Christ, the Synod of the Trinity, through the responsible use of shared resources, supports and challenges member presbyteries to be vital, innovative and faithful in their collaborative and distinctive callings.”

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## **The Secondary Ends of the Synod:**

- Connecting presbytery leadership for coordination, spiritual support and sharing best practices.
- Encouraging innovation in, between and among presbyteries through the use of human, programmatic and financial resources.
- Providing services of education and nurture as requested by member presbyteries.
- Extending partnership of member presbyteries in joint and shared mission and ministry.
- Nurturing relationships within the larger church for the purpose of greater witness
- Fostering conversation and action for the promotion of social righteousness.



# Innovation Grant Application

Please complete this fillable form by downloading it to your desktop, sign (electronically or print and sign) and email it to [grants@syntrinity.org](mailto:grants@syntrinity.org). You are encouraged to contact Elizabeth Connelly at 415-722-5607 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 your initiative and the name 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 Initiative

Contact First and Last Name

Street Address

City

State

Zip

Email Address

Home Phone

Cell Phone

## AFFILIATION INFORMATION

PC(USA) Congregation, Presbytery or Organization

Street Address

City

State

Zip

Affiliation  
Contact

Email

Phone

Presbytery Affiliation

## **INITIATIVE INFORMATION**

Please answer the following questions regarding your grant's purpose. You may type in or write your answer in the space provided.

What is the vision for this initiative?

How does this envisioned work relate to the Synod of the Trinity's secondary ends? (See page 2.) Please name here the "end" you are referencing and explain the correlation.

What are the specific results you hope to achieve through this initiative?

Provide us with a detailed plan for this initiative, including a timeline for implementation.

Describe how you will measure or determine when and whether your goals have been accomplished.

If this initiative is to be ongoing, how do you propose the project that the project move toward sustainability?

## Project Partners

Please list the names and addresses of individuals, congregations, organizations, etc., that will be partnering with you. If there are more than three partners, you may list them on the back of the application.

Name 1

Name 2

Name 3

## FINANCIAL INFORMATION

Please use the following space to provide detailed income and expense information for this initiative. Income information must include all funding partners, i.e. contributions from partner congregations, presbytery, initiative participants, other organizations, fundraisers, etc. Expenses should include all aspects of the initiative, including possible staffing, materials, publicity, program supplies, etc. Please attach another sheet if you require more room.

## 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 your member PC(USA) church's clerk of session and your presbytery's executive presbyter or stated clerk.

### PC(USA) CHURCH SESSION (if applicable)

Church Name

Date Reviewed

Clerk of Session Name

Signature \_\_\_\_\_

### 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 & Title

Signature \_\_\_\_\_

*Executive Presbyter or Stated Clerk*

### APPLICANT

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

Applicant's Name

Signature \_\_\_\_\_

Date Signed

**NOTE: Once you have signed this form electronically, you cannot go back and make changes!**

### 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 12 months of the start of the project. Return your responses, along with any photographs, to Communications Coordinator Mike Givler at [mgivler@syntrinity.org](mailto:mgivler@syntrinity.org).

1. On your application, you highlighted one or more of the Synod ends that relates to this project. Describe how this project has furthered these ends.
2. How have you met or not met your goals?
3. What is the next step in this work?
4. How did you or will you share your project and learnings with your home church, your community, your presbytery and your Synod?