

# Regional Hunger Grant Procedures and Application

## Presbytery of Western North Carolina Daily Change Mission Program (formerly Nickel-A-Meal) (Revised September 2022)

*"...as a matter of equality, your abundance at the present time should supply their want, so that their abundance may supply your want..." II Corinthians 8:14 (RSV)*

The Presbytery of Western North Carolina seeks to be faithful to God's call to feed the hungry and speak up for the poor and needy in ways that range from providing direct aid to addressing the perceived causes of hunger. One specific response is the Presbytery's commitment to the Daily Change Mission Program. The funds raised through the Daily Change program are allocated at the discretion of the Hunger Committee.

### PROCEDURES:

1. Submit a completed application form along with a letter of endorsement from a Presbyterian Church in your locality to:

DAILY CHANGE MISSION PROGRAM  
PRESBYTERY OF WNC  
114 SILVER CREEK ROAD  
MORGANTON, NC 28655

2. Applications must be received by the deadline of April 1 (disbursed in July) or October 1 (disbursed in January).
3. Expect a scheduled visit at your project site by a member(s) of the Presbytery's Hunger Committee.
4. Prepare to send a representative of your project to make a presentation before the Presbytery's Hunger Committee.
5. Approval process first involves consideration by the Presbytery's Hunger Committee. Then the Committee's decision must be approved by the Presbytery's General Council before any grant is awarded.
6. If approved:
  - a) The check will be presented to your program at the sponsoring Presbyterian Church by a representative of the Hunger Committee. (The sponsoring church may elect to present it at a separate celebration.)
  - b) Prepare to share about your program with other churches in our Presbytery:
    - 1) You are encouraged to send photos of your project in action to be posted on the Presbytery's website.
    - 2) Participate in Presbytery announcements and workshops to share the good news about what you are doing.
  - c) NOTE: The Hunger Committee does not fund programs on successive years.

Date received by Presbytery office: \_\_\_\_\_

Amount awarded: \$ \_\_\_\_\_

**APPLICATION FOR PRESBYTERY OF WESTERN NORTH CAROLINA  
REGIONAL DAILY CHANGE HUNGER GRANT**

Name of Program: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Brief Statement of Program's Purpose and Intended Use of this Grant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary Contact & Title: \_\_\_\_\_

Address of Program: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Brief Directions (to the program site):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Local Sponsoring Presbyterian Church: \_\_\_\_\_

*(\*Attach letter of endorsement\*)*

Sponsoring Church Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Criteria for Consideration in Awarding Regional Grants**

1. This nonprofit program operates within the geographical boundaries of the Presbytery of Western North Carolina.
2. This program has the endorsement of one or more Presbyterian Churches in this Presbytery.  
*(Include a letter of endorsement from at least one Presbyterian Church in your area.)*
3. This program specifically addresses the needs of the hungry and food insecure through the provision of food, meals, or nutrition education.

**SEND YOUR COMPLETED FORM, ALONG WITH A LETTER OF ENDORSEMENT TO:**

**DAILY CHANGE MISSION PROGRAM  
PRESBYTERY OF WNC  
114 SILVER CREEK ROAD  
MORGANTON, NC 28655**

*(over)*

**Mindful of the above criteria, answer the following questions in 1000 words or less on a separate page(s) and be concise:**

1. What human need(s) does your proposed or existing program seek to meet?
2. How long has your program been in operation and what has been accomplished? (If yours is an existing program, identify here the types of groups or individuals and age levels you have served, and the number of persons served in the past twelve months).
3. List the goals you will pursue in the next twelve months. Include the approximate numbers and types of people you hope to help.
4. Tell what short range and long range solutions your program provides to address the chronic conditions of hunger.
5. Does your program encourage those benefiting from your services to be involved in the creation and implementation of the program? If so, how?
6. Does your program encourage the self-improvement of your participants?
7. List the churches and organizations involved with your program. (Specify how Presbyterians are involved.)
8. Explain how your program will continue if this is only a one time grant.

### **BUDGET INFORMATION**

*(Budget information should be reflective of the year in which the funds will be applied.)*

**Budget Year** from \_\_\_\_/\_\_\_\_/20\_\_\_\_ to \_\_\_\_/\_\_\_\_/20\_\_\_\_

*(If your "Program" and organization are one and the same, leave Organization info blank.)*

**Total ORGANIZATION REVENUES \$** \_\_\_\_\_ **Total ORGANIZATION EXPENSES \$** \_\_\_\_\_

**This Program utilizes** \_\_\_\_\_ **% of our overall organizations financial efforts.**

#### **Provide PROGRAM Budget Information ONLY Below**

<b>EXPENDITURES</b>	<b>Paid This Grant</b>	<b>Other Funding</b>	<b>Total Expenses</b>
<b>PERSONNEL</b> (# Pd Staff _____ )			
Salary & Benefits	\$ _____	\$ _____	\$ _____
Training	\$ _____	\$ _____	\$ _____
<b>OPERATING</b>			
Rent / Utilities	\$ _____	\$ _____	\$ _____
Administrative Expenses	\$ _____	\$ _____	\$ _____
Marketing & Technology	\$ _____	\$ _____	\$ _____
Funds Raising	\$ _____	\$ _____	\$ _____
<b>DIRECT EXPENSES</b>			
Food	\$ _____	\$ _____	\$ _____
Supplies	\$ _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____	\$ _____
<b>OTHER</b>			
_____	_____	_____	_____
<b>Total:</b>	\$ _____	\$ _____	\$ _____

(= Amount requested)

\*\*\*\*\*

### **RECOMMENDATIONS OF HUNGER COMMITTEE:**

**Recommended for: \$** \_\_\_\_\_ **Denied (reason):** \_\_\_\_\_