

Regional Hunger Grant Procedures and Application

Presbytery of Western North Carolina Nickel-A-Meal Mission Program (Revised April 2019)

"...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 Nickel-A-Meal Mission Program. The funds raised through the Nickel-A-Meal 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:

NICKEL-A-MEAL 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 Coordinating 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 NICKEL-A-MEAL 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:

**NICKEL A MEAL 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
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EXPENDITURES	Paid This Grant	Other Funding	Total Expenses
PERSONNEL (# Pd Staff ____)			
Salary & Benefits	\$ _____	\$ _____	\$ _____
Training	\$ _____	\$ _____	\$ _____
OPERATING			
Rent / Utilities	\$ _____	\$ _____	\$ _____
Administrative Expenses	\$ _____	\$ _____	\$ _____
Marketing & Technology	\$ _____	\$ _____	\$ _____
Funds Raising	\$ _____	\$ _____	\$ _____
DIRECT EXPENSES			
Food	\$ _____	\$ _____	\$ _____
Supplies	\$ _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____	\$ _____
OTHER			

Total:	\$ _____	\$ _____	\$ _____

(= Amount requested)

RECOMMENDATIONS OF HUNGER COMMITTEE:

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