

# The Clara Gott Incentive Fund

of

St. Peter's Presbyterian Church

Spencertown, NY 12165

## GRANT APPLICATION

### Procedure

The Board of the Incentive Fund meets quarterly to consider applications for grants to eligible projects. Deadlines for applications in the quarterly funding cycle are *December 15; March 15; June 15; and September 15*. Late applications will be reviewed in the subsequent quarter. Answer all questions fully; using more paper as needed.

Address completed applications to:

**Secretary**

**Clara Gott Incentive Fund**

**Box 14**

**Spencertown, NY 12165**

### Criteria

Each request for funds must meet the following criteria:

1. The project is to be generally consistent with the goals and principles of the Church.
2. The group or individual proposing a project must submit an application:
  - A clear statement of goals
  - Designation of leadership and responsibility
  - Criteria for evaluation
  - Proposed budget, showing expenses and resources

**Grant recipients should not assume that support will be renewed in subsequent years.**

1. Project Name \_\_\_\_\_

2. Project Location \_\_\_\_\_

3. Principal Sponsor \_\_\_\_\_

(include name of principal officer if sponsor is corporate)

4. Names of assisting organizations, if any. State how each is involved:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

5. Whom is the project primarily designed to benefit? What is its goal?

6. At what stage is the project now?

7. What criteria will be used to determine whether the project is meeting its goal?

**FINANCE PLAN**

A. Here give expense and income projections for the project. If this application is for support of a continuing service, show figures for the most recently completed fiscal year. An annual report may be substituted if available.

EXPENSES

SOURCES of SUPPORT or INCOME

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

B. How much money are you asking for from the Incentive Fund? \$ \_\_\_\_\_ .00

**TO BE COMPLETED BY PERSON FILING APPLICATION:**

Name \_\_\_\_\_ Telephone(s) \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Please include any supporting documents or information that may be helpful to the board in making its decision. If help is needed in filling out this application, call St. Peter's Presbyterian Church at 392-3386, and leave a message regarding your request. A member of the board will contact your group to help. Thank you.

