



**GUIDELINES FOR HUNGER FUND GRANTS
FROM HUNGER ACTION MINISTRY TEAM**

1. A local Presbyterian church must be involved with any group requesting funds. A session must endorse all grant applications.
2. Churches supporting programs or projects which are recipients of the Hunger Fund will be encouraged to have active Cents-Ability participation in their local congregation.
3. Priority will be given to food pantries and soup kitchens. Requests for food budgets of residential facilities will be considered at the end of the year (by December 15th).
4. Local Presbyterian churches are encouraged to work ecumenically wherever possible.
5. Applicants must provide all information requested by the Hunger Action Ministry Team regarding program goals, general policies, and budget information.
6. The amount of each grant will be determined by the need and the availability of funds.
7. Grants may be given to a program for more than one year contingent on needs of the program and availability of funds.
8. Funds received from Direct Food Relief Grants are restricted to the purchase of food.
9. Funds for the Capital Expense/Administrative Grant are determined each year by dividing in half the balance in the Cents-Ability fund at the end of the year.



**APPLICATION FOR DEVELOPMENT ASSISTANCE GRANTS
FROM HUNGER ACTION MINISTRY TEAM OF MISSION COMMITTEE**

1. Name of Church endorsing application: _____
2. Title of development assistance project: _____
3. Name and Address of Contact Person: _____
_____ Phone: _____
4. Specific geographic area to be served: _____
5. Describe the development assistance project (Hunger-related problem targeted by project, history and development of the project):
6. List of goals and objectives of the project:
7. Describe the project's plan of action, timetable, and duration:

8. Describe the project's relationship with community organizations, ecumenical agencies, and other hunger efforts:

9. How is this project organized and to whom is it accountable?

10. Total budget of the project:

List sources of income:

Amount endorsing church contributed to Presbytery's Cents-Ability Fund in past calendar year \$

11. Describe specifically how the funds will be used:

12. Grant requested from the Presbytery of West Virginia: \$ _____

13. Date of this application: _____

14. Person making application: _____
(Signature)

15. Clerk of the Session: _____
(Signature)

16. Check to be made payable to: _____

17. Address to mail check to: _____

Please return the application to:	Hunger Action Ministry Team c/o Barbara Chalfant 520 Second Avenue South Charleston, WV 25303
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Presbytery of West Virginia

APPLICATION FOR CAPITAL EXPENSE/ADMINISTRATIVE GRANT FROM HUNGER ACTION MINISTRY TEAM OF MISSION COMMITTEE

1. Name of Church(es) endorsing application: _____
2. Name of Food Pantry: _____
Address: _____
Contact Person: _____ Phone: _____
Days/hours of operation: _____
This food pantry is governed by (*check one*): _____ ecumenical group or _____ local congregation.
3. Specific geographic area served by the Pantry: _____
4. Describe your Food Pantry distribution policy:
5. On the average, how many households are served per month ? _____
How many individuals are served by this number of households? _____
6. Total annual budget of your Food Pantry (including balance on hand):
List sources of income:

Amount endorsing church contributed to Presbytery's Cents-Ability Fund in past calendar year \$ _____
7. Grant requested from the Presbytery of West Virginia: \$ _____
8. Describe specifically how the funds will be used:
9. Date of this application: _____
10. Person making application: _____
(Signature)
11. Clerk of the Session: _____
(Signature)
12. Check to be made payable to: _____
13. Address to mail check to: _____

Please return the application to:	Hunger Action Ministry Team c/o Barbara Chalfant 520 Second Avenue South Charleston, WV 25303
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Presbytery of West Virginia

**APPLICATION FOR DIRECT FOOD RELIEF GRANT
FROM HUNGER ACTION MINISTRY TEAM
OF MISSION COMMITTEE**

1. Name of Church(es) endorsing application: _____

2. Name of Food Pantry: _____

Address: _____

Contact Person: _____ Phone: _____

Days/hours of operation: _____

This food pantry is governed by (check one): _____ ecumenical group or _____ local congregation.

3. Specific geographic area served by the Pantry: _____

4. Describe your Food Pantry distribution policy:

5. On the average, how many households are served per month ? _____
How many individuals are served by this number of households? _____

6. Total annual budget of your Food Pantry (including balance on hand):
List sources of income:

Amount endorsing church contributed to Presbytery's Cents-Ability Fund in past calendar year \$ _____

7. Grant requested from the Presbytery of West Virginia: \$ _____

8. Describe specifically how the funds will be used:

9. Date of this application: _____

10. Person making application: _____
(Signature)

11. Clerk of the Session: _____
(Signature)

12. Check to be made payable to: _____

13. Address to mail check to: _____

Please return the application to: Hunger Action Ministry Team c/o
Barbara Chalfant
520 Second Avenue
South Charleston, WV 25303