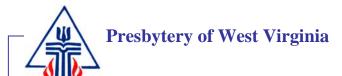
#### GUIDELINES FOR HUNGER FUND GRANTS FROM HUNGER ACTION MINISTRY TEAM

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 w efforts:	ith community organizations, ecumenical agencies, and other hunger
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 contribute	ed 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:	
16.	Check to be made payable to:	(Signature)
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



#### **Presbytery of West Virginia**

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

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	k one):ecumenical group or	local congregation.	
3.	Specific geographic area served by the	e Pantry:		
4.	Describe your Food Pantry distributio	on policy:		
5.		s are served per month ?this number of households?		
6.	Total annual budget of your Food Pan List sources of income:	atry (including balance on hand):		
	Amount endorsing church contributed	I to Presbytery's Cents-Ability Fund in past c	alendar year \$	
7.	Grant requested from the Presbytery of	of West Virginia: \$		
8.	Describe specifically how the funds w	vill be used:		
9.	Date of this application:			
10.	Person making application:	(Signature)		
11.	Clerk of the Session:			
12.	Check to be made payable to:	(Signature)		
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		
7/11		Sour Charleston, II I 2000		



### **Presbytery of West Virginia**

## APPLICATION FOR DIRECT FOOD RELIEF GRANT FROM HUNGER ACTION MINISTRY TEAM OF MISSION COMMITTEEE

1.	Name of Church(es) endorsing applie	eation:
2.	Name of Food Pantry:	
	Address:	
	Contact Person:	Phone:
	Days/hours of operation:	
	This food pantry is governed by (check	ecumenical group orlocal congregation.
3.	Specific geographic area served by the	ne Pantry:
4.	Describe your Food Pantry distribution	on policy:
5.		ds are served per month ? this number of households?
6.	Total annual budget of your Food Pantry (including balance on hand): List sources of income:	
7.	Amount endorsing church contribute Grant requested from the Presbytery	d to Presbytery's Cents-Ability Fund in past calendar year \$  of West Virginia: \$
8.	Describe specifically how the funds	vill be used:
9.	Date of this application:	
10.	Person making application:	(Signature)
1.1		(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