



## 2025 APPLICATION FOR THE USE OF RESTRICTED FUND

All applicants should read the instructions carefully before completing the application. The downloadable application form and the instructions and guidelines are provided at [pcusa.org/grants-scholarships](http://pcusa.org/grants-scholarships). Please type ONLY. Application should not exceed four pages in length.

Complete the form below and send it as follows:

Presbytery – send recommended proposal application(s) to the Synod by June 1

Synod – submit final application(s) to the Interim Unified Agency by July 1

Submit completed applications to [RFOS-PCUSA@pcusa.org](mailto:RFOS-PCUSA@pcusa.org). Applicants will be notified of their status in September.

### 1. TO BE COMPLETED BY REQUESTING COUNCIL OR GENERAL ASSEMBLY ENTITY

PIN		Applicant		Primary Contact E-mail Address	
Fund Number		Fund Restriction (see 2025 Unassigned Funds list)			
\$	\$			\$	
Grant amount requested (must equal/exceed \$1,000)		Total Program/Project Budget (please complete budget worksheet)		Amount Granted (For Committee Use ONLY)	
Are you applying to other restricted funds for the same program/project? <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="margin-left: 20px;">If yes, please list fund number(s)</span>					
Have you previously received a restricted fund grant? <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="margin-left: 20px;">If yes, which year(s) did you receive the restricted fund grant?</span>					

<u>Applicant (Council or General Assembly Entity) Information</u>			<u>Designated program/project contact person</u>		
Name			Name		
Address			Phone Number		
City, State, ZIP Code			E-mail Address		

If the applicant is a Church or New Worshiping Community, please provide the following Reported Statistics information for the calendar year:

Church/NWC Membership		Operating Budget	\$
Average Worship Attendance		Amounts Contributed to Presbytery, Synod, and GA (Excluding Per Capita)	\$

**Proposed Use:** The proposed use should be responsive to the Evaluation Guidelines on page 4 of the grant application process instructions. If the proposed use is for church building/repair or a scholarship, STOP [see Church Building Aid and Student Financial Aid Inquiries on page 6 of application instructions]. Approved applications receive a one-time grant distributed in a lump sum. Grants must be used within two years of distribution.



## 2025 APPLICATION FOR THE USE OF RESTRICTED FUND

<b>Applicant</b>	<b>PIN</b>	<b>Fund Number</b>

**Proposed Use (continued):**

**a. Please provide a brief description of the program/project for which funding is requested below.**

**b. Is the program/project on-going, or is it a new initiative? Please explain below.**



## 2025 APPLICATION FOR THE USE OF RESTRICTED FUND

- c. Are funds being received from other sources to support this program/project? If so, what are the sources and how much?**

- d. Background (more detailed description of program/project, and please show partnership with other mid councils)**



## 2025 APPLICATION FOR THE USE OF RESTRICTED FUND

<b>Applicant</b>	<b>PIN</b>	<b>Fund Number</b>

### 2. BUDGET FOR PROJECT/PROGRAM (REVENUE SHOULD EQUAL EXPENSE)

REVENUE ITEM		AMOUNT	EXPENSE ITEM		AMOUNT
Total Grant Funding Request		\$	Planning		\$
Individual Contribution(s)		\$	Promotional Materials and Advertising		\$
Presbytery Contribution(s)		\$	Leadership Honoraria		\$
Synod Contribution(s)		\$	Leadership Travel/Housing/Meals		\$
Other: (Describe each item over 10% of budget)		\$	Other: (Describe each item over 10% of budget)		\$
Tuition and Fees from Participants		\$	Subsidies to Participants		\$
<b>Total Project Revenue</b>		<b>\$</b>	<b>Total Project Expense</b>		<b>\$</b>

### 3. COMMENTS

#### Presbytery

#### Synod



## 2025 APPLICATION FOR THE USE OF RESTRICTED FUND

Applicant	PIN	Fund Number
-----------	-----	-------------

### 4. REQUIRED SIGNATURES

#### Councils

_____	_____	_____	_____
Clerk of Session/Authorized Signer	Church or NWC Name	Signature	Date

#### Presbytery

_____	_____	_____	_____
Presbytery Representative	Presbytery	E-mail Address	Phone
_____	_____	_____	_____
Address	City, State, ZIP Code	Signature	Date

#### Synod

_____	_____	_____	_____
Synod Representative	Synod	E-mail Address	Phone
_____	_____	_____	_____
Address	City, State, ZIP Code	Signature	Date

#### General Assembly Entity

_____	_____	_____
Division Director (GA Only)	Signature	Date
_____	_____	_____
Executive Director/President/Stated Clerk	Signature	Date

Synod/General Assembly Entities submit applications to [RFOS-PCUSA@pcusa.org](mailto:RFOS-PCUSA@pcusa.org) by July 1, 2025.