

DATE RECEIVED _____
(Office Use Only)

Please read the guidelines before filling out the application. Maximum of award shall be \$2500. Please share guidelines with all responsible parties.

***JUBILEE FUND APPLICATION
(CURRENT)***

I. GENERAL INFORMATION

A. PROJECT TITLE: _____

B. PROJECT CONTACT PERSON - IF THE PROJECT IS AWARDED FUNDS, ALL GRANTS WILL BE DISBURSED THROUGH THIS PERSON:

Name (Mr., Mrs., Ms.) _____

Contact Person's Title _____

Contact Person's Email Address _____

Organization Name _____

Street Address _____

City _____ State _____ Zip _____

Office Phone (____) _____ Home Phone (____) _____

Organization's Email Address _____

Organization's Website _____

C. ARE YOU A NON-PROFIT ORGANIZATION? ☐ YES ☐ NO

If "yes" check one of the following: ☐ 501 (c) ☐ Church

D. AMOUNT OF JUBILEE FUNDS REQUESTED \$ _____

E. IF AWARDED, CHECK TO BE MADE OUT TO: _____

Address: _____

City, State, Zip: _____

F. CHECK APPROPRIATE PROGRAM CATEGORY OF PROPOSAL:

☐ New Program ☐ Expansion of Existing Program ☐ Continuation of an Existing Program

G. CATEGORY OF ELIGIBLE PROJECT (See Jubilee Fund Guidelines)

___ African-American Clergy Recruitment

___ African-American Christian Education

___ African-American Congregational Leadership Development

___ African-American Youth and Young Adult Ministry

___ New Initiatives to preserve African-American Churches

H. THE SYNOD OF THE MID-ATLANTIC IS COMMITTED TO THE MATTHEW 25 VISION OF THE PCUSA. IDENTIFY THE MATTHEW 25 FOCI THAT THIS PROJECT ADDRESSES.

CHECK ALL THAT APPLY:

- ☐ SYSTEMIC RACISM
- ☐ ERADICATING POVERTY
- ☐ VITAL CONGREGATIONS
- ☐ NONE OF THE ABOVE

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I. SPONSOR ORGANIZATION:

Church or Presbytery Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone (____) _____ - _____ Email Address _____

Presbytery _____

J. HAS THIS SPONSOR RECEIVED PRIOR JUBILEE FUNDING? ____Yes____No

If yes: Dollar Amount

Year Received

K. SIGNATURE OF AN OFFICIAL OF
SPONSOR'S ORGANIZATION:

Name: _____

Title: _____

Date: _____

SIGNATURE OF AN OFFICIAL OF
APPLICANT'S ORGANIZATION

Name: _____

Title: _____

Date: _____

L. LIST OF BOARD OF DIRECTORS/ADMINISTRATIVE COMMITTEE OF PROJECT

Name

Address

City/State/Zip

[illegible]

II. **DESCRIPTION OF PROJECT** (Please provide information requested in the space allotted. Do not use a font size less than 12 for any of this information)

A. State how the project meets the category of project eligibility.
(Why is it important?)

B. Significance of Need: (Why the project is needed?)

C. Project Purpose (Why is it important and how it will address need?)

D. Goal of the Project (Describe what you would like to accomplish.)

E. Objective(s) (State in measurable terms how you can to reach the goal.)

F. Activities (Describe the activities in which the target population will engage.)

G. Outcome(s) Briefly describe what will be achieved as a result the project.

III. PROJECT SPECIFIC BUDGET

The income amount and the expenses amount should be the same. No project will be considered without a detailed budget including the following information (Attach):

<u><i>SAMPLE BUDGET for Summer Enrichment Program</i></u>	
INCOME – Revenue Sources	
• Jubilee Fund	\$3,000
• Congregation Donation	5,000
• Synod Grant	2,000
• Corporate Donation	1,500
• City Grant	500
• Fund Raiser (car wash. Bake Sale, Fish Fry)	1,000
	\$13,000 - Total Income
EXPENSES - Costs	
• Staff Stipends-Director	\$2,000
• 3 Counselors @\$1,600	4,800
• Transportation	1,200
• Food	2,000
• Program Supplies	1,200
• Program Awards (book bags w/supplies)	2,000
	\$13,000 - Total Costs

A. INCOME

1. ITEMIZED LIST OF GRANTS INCLUDING FUNDS REQUESTED FROM JUBILEE FUND (Indicate if funds are definite, conditional or pending and give dates the grant funding is anticipated to begin).
2. CONTRIBUTIONS (IN KIND OR MONETARY) TO BE MADE BY THE SPONSORING ORGANIZATION
3. ANY OTHER SOURCE OF INCOME

B. EXPENSES (Give detailed line item expenses)

IV. PAYMENT SCHEDULE & RESPONSIBILITIES OF RECIPIENT ORGANIZATIONS.

- A. Projects receiving Jubilee Grants will receive the award at the beginning of the grant period.
- B. Projects should begin within 90 days of receipt of the award. Normally, all Jubilee Fun Grants for a given year shall be spent by the end of the year. If there are reasons funds

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cannot be spent wisely by the end of the year in which they are received, then the project should request permission from the Jubilee Fund Committee to carry funds over to the next calendar year

- C. The Jubilee Fund Committee will require documentation of the project either through a descriptive report (e.g. pictures, video, or narrative) and/or a site visit.
- D. A final report evaluating the use of the Jubilee Funds is required within 60 days of the completion of the project.
- E. A church may not apply for the same category for 2 consecutive years.
- F. Failure to submit a final report to the Jubilee Fund Committee may disqualify any future application requests.

IF SUBMITTING A HARDCOPY OF APPLICATION, RETURN COMPLETED APPLICATION TO:

SYNOD OF THE MID-ATLANTIC
PRESBYTERIAN CHURCH (U.S.A.)
ATTENTION: JUBILEE FUND COMMITTEE
3601 SEMINARY AVENUE
RICHMOND, VIRGINIA 23227
(804) 342-0016
FAX (804) 220-9360

**APPLICATIONS MUST BE COMPLETE AND HAVE A POSTMARK,
FAX OR EMAIL DATE OF NOT LATER THAN
Thursday, February 1, 2024 or next cycle Thursday, August 1, 2024**

Proposed Revisions: 11/14/2014: 02/10/2015; 12/1/2015; 11/27/17, 4/8/19, 11/13/19, 11/17/20, 6/23/21, 1/23/24