

Office of Mission Program Grants

Presbyterian Mission Agency, Presbyterian Church (USA)

100 Witherspoon Street, Louisville, Kentucky 40202-1396

<http://www.presbyterianmission.org/ministries/missionprogramgrants/>

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**NEW WORSHIPPING COMMUNITIES HEALTH INSURANCE GRANT
(OCTOBER 2014)**

Date Prepared _____

New Worshipping Community Name _____

Worshipping Community Leader _____ Project # _____

Address/City/State/Zip _____

E-mail Address _____ Phone _____

Partner Congregation _____ Phone _____

Contact Person _____ E-mail Address _____

Address/City/State/Zip _____

Presbytery in Which NWC is Located _____ Phone _____

Contact Person _____ E-mail Address _____

Name of Health Insurance Provider _____

Web Site _____ Phone _____

This grant program provides supplemental funding to the partner congregation and/or presbytery in support of new worshipping community leaders who would not otherwise be able to afford health insurance. Please see attached definition of a New Worshipping Community.

Presbyteries may apply at any time on behalf of new congregations and new worshipping communities for an annual grant of up to \$1,500. This grant is twice renewable, for a total of three years, upon approval of an application each year. Subsequent year grants require reapplication one year from when funding is received. A dollar-for-dollar match provided through the partner congregation and/or presbytery is ordinarily required. Waivers of the match will be considered on a case-by-case basis, upon request. This application is available from the [Mission Program Grants Office website](#).

If a new congregation or worshipping community has not previously been approved to receive a grant or is applying for a New Worshipping Community Investment Grant, it is a requirement of this grant for the Stated Clerk to complete the Office of the General Assembly Church Change Form (CCF) on behalf of the project to be supported.

However, if a new congregation or worshipping community has been approved to receive a New Church Grant or a New Worshipping Community Seed Grant, it is not a requirement of this grant for the Stated Clerk to complete the CCF on behalf of the project to be supported.

Requested Material and Information

- Please provide a copy of the summary of benefits and coverage and a statement from the plan provider of the monthly and annual cost of coverage.

SCHEDULE OF PROPOSED CONTRIBUTIONS FOR THE HEALTH INSURANCE GRANT

<u>New Worshiping Community</u>	<u>Partner Congregation</u>	<u>Presbytery</u>	<u>Presbyterian Mission Agency</u>	<u>Other</u>	
<u>TOTAL</u>					
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

This request was reviewed and approved by the appropriate mission strategy body of the partner congregation(s) and presbytery as a formal request for the supplemental funds provided by this grant.

Those giving oversight or providing assistance should date and sign below.

After obtaining appropriate approval, e-mail as an attachment this request to the grants office.

Disbursement of grants will be made payable to the presbytery.

Date

Partner Congregation(s) Designee

Date

Presbytery Executive or Designee