Criteria for Birthday Offering Grant

The Birthday Offering has a long tradition with Presbyterian Women (PW). This one-time grant primarily funds capital improvement projects. Up to four recipients are selected each year.

* Applications for funds predominantly directed to salaries will not be considered.
* Projects that have been previously funded by the Creative Ministries Offering Committee will not be considered.
* The grant will initially be dispersed as 50% of the total award and 50% after the approval of the interim report.

To qualify, a project must

* have a clearly defined purpose that meets basic human needs. The purpose must be in accordance with mission goals and policies of the Presbyterian Church (USA);
* provide a form of aid that has been requested or identified to meet the needs of the people served;
* be a project less than three years old or an existing project moving in a new direction
* not use funds for payment of current debt, or for creating and maintaining revolving loan funds or to fund a permanent endowment, nor to offset an ongoing operating budget.

All applications must

* describe how the project will improve the lives of people served and how those served will be involved with the project;
* indicate how the project will work with women, children, youth, young adults, persons of diverse races and/or ethnicities, and/or persons with disabilities, to enhance their quality of life;
* list all other sources of money being requested and/or already awarded for this project;
* describe how the program will continue after the grant money is spent;
* explain how the project’s progress will be reported and success measured;
* be signed by the writer of the proposal and another person responsible for this project, with authority to provide information;
* be typed, legible and received by the postmarked deadline date.

Incomplete applications will not be accepted or considered for the current proposal year. Missing segments or required information will be considered incomplete.

**If awarded, all recipients must agree to**

* notify Presbyterian Women’s Mission Associate, Cheri Harper, of any change in the proposal, leadership or address;
* return an interim report with all supporting financial documentation six months after receiving the first payment;
* return one-year and two-year follow up reports;
* use 50% of the funds within six months of receiving the first payment (the project does not have to be completed in a single year).

**United States Project Application Checklist**

Applicants for projects within the United States should follow the specific guidelines below. Please contact Cheri Harper, Presbyterian Women’s Mission Associate, for any questions on the materials required. [Cheri.Harper@pcusa.org](mailto:Cheri.Harper@pcusa.org)

One packet of the following information MUST be included in the application. It should include:

|  |  |
| --- | --- |
| **x** | **Required Materials** |
|  | A complete application form. |
|  | A written endorsement from the Moderator of the Presbyterian Women in the Congregation of a local church, the Moderator of the Presbyterian Women in the Presbytery, or the Moderator of the Presbyterian Women in the Synod. If this endorsement from **a PW moderator** is not included, the application is incomplete. |
|  | A line-item budget for the project. |
|  | An operating budget for project and/or parent organization showing one-year expenses and revenues to date. |
|  | A copy of most recent financial review |
|  | Completed W-9 form (for United States projects).  **(This form is not included in this application, but is available from** [**www.irs.gov**](http://www.irs.gov)**)** |
|  | A completed Method of Payment form. (See Appendix A) |

\*U.S.A. applicants **are not required** to submit a Statement of Confirmation of Identity by Third Party

Incomplete applications will not be considered. Missing segments or required information will be considered incomplete.

**International Project Application Package Checklist**

International projects should follow the specific guidelines below. Please contact Cheri Harper, Presbyterian Women’s Mission Associate, for any questions on the materials required. [Cheri.Harper@pcusa.org](mailto:Cheri.Harper@pcusa.org)

One packet of the following information MUST be included in the application. It should include:

|  |  |
| --- | --- |
|  | A complete application form |
|  | A written letter of endorsement from a PC (USA) partner church. *(Allow six weeks to obtain an endorsement)* |
|  | A written letter of acknowledgment from a PC (USA) Regional Liaison. |
|  | A line-item budget for the submitted project *(All financial information in U.S. Currency).* |
|  | An operating budget for project and/or parent organization showing one-year expenses and revenues to date. *(All financial information in U.S. Currency).* |
|  | A copy of most recent financial review |
|  | Completed W-8 form (for International projects).  **This form is available at** [**www.irs.gov/pub/irs-pdf/fw8bene.pdffrom**](http://www.irs.gov/pub/irs-pdf/fw8bene.pdffrom) |
|  | A completed Method of Payment form (See Appendix A) |
|  | A completed Statement of Confirmation of Identity by Third Party (See Appendix B) |

Incomplete applications will not be considered. Missing segments or required information will be considered incomplete.

**Assembly Instructions**

|  |  |
| --- | --- |
| * Do not use any type of staple, folder, or binder in the packet. |  |
|  |  |
| * Prepare one complete packet; use the checklist. |  |
|  |  |
| * Applications that are clear, typed, filled out and accompanied with all relevant endorsement(s), documentation, budget(s), method of payment form, bank letterhead if requesting a wire transfer, and/or background information will be processed for grant consideration. |  |
| * **Incomplete grant applications will not be considered.** |  |
|  |  |

**Mail the complete application packet to:**

|  |
| --- |
| Presbyterian Women  Attention: Cheri Harper  100 Witherspoon St., Louisville, KY 40202-1396 |

**Please address any questions to:**

Cheri Harper, Mission Associate

[Cheri.Harper@pcusa.org](mailto:Cheri.Harper@pcusa.org)

**Deadline Information for Birthday Offering**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Application Postmark**  **Deadline** | **Notify us of any other funding received** | **Decision** | **First Payment** | **Second Payment** |
| June 1 | August 1 of Decision Year | September of Decision Year | December of  Decision Year | June of Following Year |

**Creative Ministries of Presbyterian Women**

**Application for Birthday Offering Grant**

|  |  |
| --- | --- |
| **Birthday Offering Deadline: June 1** | **Request Range: $75,000-$150,000** |

**Part I- Basic Information**

|  |  |
| --- | --- |
| Total Cost of Project: | Amount Requested: |
| Organization Name: | |
| Project Name: | |
| Project Address: | |
| Website: | |
| Presbytery: | Synod: |
| Church of Council (if Outside the United States): | |
| Start-up date\* for project:  **\*Project must be underway within 6 months of receiving first payment.** | |
| Project Coordinator’s Name: | Coordinator’s Signature: |
| Coordinator’s Email: | Coordinator’s Phone: |
| Proposal Writer’s Name: | Writer’s Signature: |
| Writer’s Email: | Writer’s Phone: |
| Name the contact person/info for this grant: | |

|  |  |  |  |
| --- | --- | --- | --- |
| **If your organization previously *received* grants through the Birthday or Birthday Offering for another project, identify date(s) of funding and the amount of the award.** | | | |
| Date | Amount of Award | Name of Project | Birthday or Birthday Offering |

**Part II-Project Information**

|  |
| --- |
| 1. Purpose of the project you are submitting for funding (50 words or less) |
| 1. Please describe how you will achieve the goal or purpose stated above. |
| 1. Describe the population or issue served by this project, including the number of persons who will be served. |
| 1. Provide a budget and narrative of how the grant will be used.   **If the budget is greater than the grant request, indicate which line item(s) will be funded through this grant from Presbyterian Women and which line items will be funded through other sources of funding.** |
| 1. Is this a new program or an expansion of an existing program? |
| 1. How will the project continue after receiving this one-time grant? |
| 1. How will you know whether your project has achieved its goal or purpose? |
| 1. If funding is granted, would you be willing to host site visits or present your program as requested by local Presbyterian Women’s group? |

**Part III — Organizational Information**

|  |
| --- |
| 1. Organization’s mission statement (50 words or less) |
| 1. Please attach a copy of your annual organizational budget in U.S. dollars from the current year, showing projected and actual expenses and income for the fiscal year. |
| 1. Attach a copy of your most recent audit/financial review. |
| 4. How would you best describe the population served and the focus of the project?  **Population served by this project (check all applicable boxes)**   |  |  |  |  | | --- | --- | --- | --- | | ☐ Infants | ☐ Families | ☐ People experiencing homelessness |  | | ☐ Children | ☐ People with physical disabilities | ☐ Victims of trafficking |  | | ☐ People with intellectual disabilities | ☐ Veterans | ☐ Immigrants and refugees |  | | ☐ Seniors | ☐ Racial minorities | ☐ Domestic violence Survivors |  |   **Focus of the project (check the most applicable box)**   |  |  |  |  | | --- | --- | --- | --- | | ☐ Family Reconciliation | ☐ Hunger or Food Programs | ☐ Legal Services | ☐ Hospitality | | ☐ Criminal Justice | ☐ Community Organizing | ☐ Social Services | ☐ Immigration Services | | ☐ Education | ☐ Shelter | ☐ Leadership Development | ☐ Maternal and Child Nutrition | | ☐ Economic Development | ☐ Affordable Housing | ☐ Clean Water | ☐ Health | | ☐ Other (specify) | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Part IV —Project Funding**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 1. List other sources for funding being requested for this project**:** | | | | | | | **Confirmed Funding** | | | | | | | Source | Amount Requested | | Amount Granted | | Date of decision | | **Requested but Unconfirmed Funding (Not including this application)** | | | | | | | Source | | Amount Requested | | Date of decision | | | **Other potential sources of funding being explored or considered** | | | | | | |

**APPENDIX A:**

**Method of Payment**

If your project is funded, select the method of payment you prefer.

**International projects**: unless you have a sponsor in the United States, payments will be made via wire transfer.

|  |  |  |
| --- | --- | --- |
| **☐ Check** | | |
|  | Payable to Name: | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | Mail to Address: | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **☐ Wire Transfer** | |  | | |
| **Provide documentation from the bank on bank letterhead with the following information:** | | | | |
|  | * Name of Bank * Bank Address (Including country) * Bank’s ABA # * Account Name | | * Account Number * Corresponding Bank and address (if applicable) * Whether there are limitations on acceptance of US Dollars |

U.S. Projects: Tax Payer Identification Number (substitute W-9)

Furnishing your correct taxpayer identification number (TIN) and making appropriate certification on this form will prevent payments from being subject to backup withholding and possible $50 penalty imposed by the IRS.

**APPENDIX B:**

**Statement of Confirmation of Identity by Third Party**

This form must be completed by **International Projects applying for a grant.** Thisstatement—to be signed and notarized by a third party—attests that the payee’s name and address are correct and legitimate.

|  |  |  |
| --- | --- | --- |
| **Payee’s Name** |  | |
| **Payee’s Street Address:** |  | |
| **Payee’s Country:** |  | |
| I certify that the information provided on this form is true, correct, and complete. | | |
| **Name:** |  | |
| **Title:** |  | |
| **Signature:** | | **Date:** |