

# Creative Ministries of Presbyterian Women

## Birthday Offering Application

**Application Must Be Typed**

Deadline for Application in PW Office: June 15 Request Range: \$50,000 - \$250,000



Organization Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_  
*Street City State Zip Code Country*

Web site: \_\_\_\_\_

\_\_\_\_\_ *Presbytery*                      \_\_\_\_\_ *Synod*                      \_\_\_\_\_ *Church or Council (if outside U.S.A.)*

Start-up date for project \_\_\_\_\_ End of project (if applicable) \_\_\_\_\_  
Project must be underway within three (3) years of receiving funds

### Questions to be Answered

1. Please provide a mission statement from your organization and a purpose statement that directly relates to the proposed project. (A mission statement is defined as a cross between a slogan and an executive summary. It should say who your company is, what you do, what you stand for and why you do it.)
  
2. Briefly list the activities of your request and how it will meet basic human needs. (Please limit to no more than 150 words)
  
3. This is a creative project less than three years old                       This is an existing project moving in a new direction
4. Explain how a one-time grant will help this project and assist the persons served. Does this project impact the lives of women, children, youth and young adults, racial-ethnic persons or persons with disabilities?

Total Cost of Project \$ \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_

5. What expected changes, either long-term or short-term, would receipt of the funding allow?

6. Specifically, how will a grant from Presbyterian Women be used?

7. How will the program continue once the grant money (if received) is depleted?

**List other sources of funding being sought for this project.**

<i>Funding Source</i>	<i>Amount Requested</i>	<i>Assured to Date</i>	<i>Date Decision Expected</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Describe your process for evaluation and accountability.

9. Identify date(s) of previous applications for Birthday or Thank Offering funding and the amount of award.

<i>Date</i>	<i>Amount of Award</i>	<i>Name of Project</i>	<i>Birthday or Thank Offering</i>
_____	_____	_____	_____

10. Attach a project budget (in U.S. currency) that shows specifically how the money will be spent.

*Name of proposal writer*

*Name of board chair or other responsible person*

*Address* \_\_\_\_\_

*Address* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Telephone ( )* \_\_\_\_\_ *Fax ( )* \_\_\_\_\_

*Telephone ( )* \_\_\_\_\_ *Fax ( )* \_\_\_\_\_

*Email address* \_\_\_\_\_

*Email address* \_\_\_\_\_

*Signature (required)* \_\_\_\_\_

*Signature (required)* \_\_\_\_\_

*Date* \_\_\_\_\_

*Date* \_\_\_\_\_

*Relationship to project* \_\_\_\_\_

*Relationship to project* \_\_\_\_\_

**Reminder! Application Deadline: June 15**

*Often the Creative Ministries Offering Committee needs the expertise of the Presbyterian Church (U.S.A.) National Staff in specific areas. How would you best describe your project? Please check one box only that best describes the primary focus of your project (you must check one box). If you do not see a category that best describes your project, please check other and write beside it what you feel best describes it.*

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Agriculture      | <input type="checkbox"/> Children      | <input type="checkbox"/> Community Organizing |
| <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Disabilities  | <input type="checkbox"/> Domestic Violence    |
| <input type="checkbox"/> Education        | <input type="checkbox"/> Evangelism    | <input type="checkbox"/> Family               |
| <input type="checkbox"/> Health           | <input type="checkbox"/> Homelessness  | <input type="checkbox"/> Housing              |
| <input type="checkbox"/> Hunger           | <input type="checkbox"/> International | <input type="checkbox"/> Leader Development   |
| <input type="checkbox"/> Older Adult      | <input type="checkbox"/> Racial Ethnic | <input type="checkbox"/> Women                |
| <input type="checkbox"/> Youth            | <input type="checkbox"/> Other _____   |   |

# INSTRUCTIONS TO BIRTHDAY OFFERING RECIPIENTS

For Office Use Only
Project # _____

## Method of Payment

Please indicate the method of payment you prefer.

**Check** Payable to: \_\_\_\_\_  
Mail to: \_\_\_\_\_  
(Including country) \_\_\_\_\_

**Note:** If check is mailed to a bank account for deposit, provide documentation from the bank stating recipients bank account name and number and whether or not there are limitations on acceptance of US Dollars.

**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 any limitations on acceptance of US Dollars.

## For Projects in the United States

### Request for 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. Complete the information related to your tax status.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_ Zip Code \_\_\_\_\_

Check only one box.

Tax status:  Not for Profit Entity Name \_\_\_\_\_  
501(c)(3)

Employer Identification Number \_\_\_\_\_

Church/Corporation Name \_\_\_\_\_

Employer Identification Number \_\_\_\_\_

Under the penalties of perjury, I certify that the information provided on this form is true, correct, and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## For International Projects

**STATEMENT OF CONFIRMATION OF IDENTITY BY THIRD PARTY**



This form is a statement, to be signed and notarized by a third party, attesting that the payee's name and address are correct and legitimate.

Return this completed form to the address listed below  
**PRESBYTERIAN CHURCH (USA)**  
Presbyterian Women  
Attn: PW Program Associate for Special Offerings  
100 Witherspoon Street, Room 3065A  
Louisville, KY 40202-1396

Payee's Name \_\_\_\_\_

Payee's Address \_\_\_\_\_  
(Including Country) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information provided on this form is true, correct, and complete.

Name \_\_\_\_\_  
(please print)

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

# Criteria for Birthday Offering Grants

*This offering has a long tradition with Presbyterian Women (PW)*

*In order for projects to be funded:*

**Program 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 (U.S.A.)
- Provide a form of aid that relates directly to the people being served
- **Be a creative project less than three years old or an existing project moving in a new direction**

**Proposal must:**

- Tell how your project will improve the lives of people to be served- now and in the future
- Indicate how your project will work with women, children, youth, young adults, racial-ethnic people, 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
- Tell how the program will continue after the grant (if received) is spent
- Explain the process to be used to report progress and to measure success
- **Provide written endorsement from a presbytery or synod of the Presbyterian Church (U.S.A.). Please allow 6 weeks to obtain an endorsement from a presbytery or synod of the PC(USA). If outside U.S.A., a written endorsement of an indigenous church that is in relationship with the PC(USA) must be provided. Written endorsements from a congregation, a PW in the Congregation Coordinating Team, a PW in the Presbytery Coordinating Team, or a PW in the Synod Coordinating Team are encouraged, but not required**
- **Be signed by the Proposal Writer and a Board chair or other responsible person;**

**Grants Awarded:**

- Must be a one-time grant, although the project may not be complete in a single year. The project must be in progress within three (3) years of receiving funds
- May not be used for payment of current debts or to fund a permanent endowment. Funds requested cannot be used as part of a general operating budget
- Must return an Interim Report and all supporting documentation before the second payment will be made. The first payment will be made in October of the following year of the award, and will be based on the amount of funds available by October 15<sup>th</sup> of that year. Second payment will be made by May 1 if the interim report is received by February 1. Return one-, two and five year follow-up reports once received, to the PW office
- Must notify the PW office of any change of leadership or address by sending an email to: [egoodman@ctr.pcusa.org](mailto:egoodman@ctr.pcusa.org) or by fax at 502/-569-5741

**Assembly instructions:**

Fifteen (15) separate packages need to be assembled and include:

1. application form
2. endorsement letter
3. budgets (must be in U.S. currency)
4. completed W-9 form (for domestic projects)
5. completed Statement of Confirmation of Identity by Third Party (for International project)
6. proposal form checklist

**Staple top left corner of each package and mail to Presbyterian Women, Attn: Cindy Goodman, 100 Witherspoon Street, Room 3065A, -Louisville, KY 40202**

# Proposal Form Checklist

Please initial each item

- \_\_\_\_\_ Fifteen separate packages have been assembled with the application form (signed by the proposal writer), endorsement letter on the Presbytery or Synod letterhead and signed by a representative of the Presbyterian Church (U.S.A.) Synod or Presbytery, if overseas, an indigenous related church, project budget (in U.S. currency) and an overall operational budget (in U.S. currency, if applicable), a completed W-9 form (for domestic projects) or a completed Statement of Confirmation of Identity by Third Party (for international projects)
- \_\_\_\_\_ No supporting documentation has been added to the application
- \_\_\_\_\_ A category has been checked
- \_\_\_\_\_ The mission statement and purpose statement has been given (number 1 on the application form)
- \_\_\_\_\_ The endorsement has been included in each package
- \_\_\_\_\_ A project budget (in U.S. currency) and an overall operational budget (if applicable) has been included in each package
- \_\_\_\_\_ A completed W-9 form or a completed Statement of Confirmation of Identity by a Third Party has been included in each package. (INFORMATION ON BANK LETTERHEAD IS REQUIRED FOR A WIRE TRANSFER) See instructions for a wire transfer
- \_\_\_\_\_ The proposal writer and a board chair or other responsible person has signed the proposal
- \_\_\_\_\_ All correspondence from the PW office will be sent to the proposal writer only. If there is a change in leadership or address, the PW office will be notified immediately by sending an email to: [cgoodman@ctr.pcusa.org](mailto:cgoodman@ctr.pcusa.org) or by fax at 502/-569-5741
- \_\_\_\_\_ A Wweb site for the organization has been given and an email for the proposal writer has been given