



THE PRESBYTERY OF  
LOS RANCHOS  
P.O. BOX 910 ANAHEIM, CA 92815-0910

# COVID-19 EMERGENCY RELIEF FUND GRANT APPLICATION

Application # <u>    </u> - <u>    </u> PLR USE ONLY
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Date of Application: \_\_\_\_\_

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

Person submitting application:

Maximum Award - \$20,000

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

Note: Awards are dependent upon available funds and may therefore be more or less than amounts requested.

Email: \_\_\_\_\_

## Remittance Information – If awarded, the check is to be made payable to:

Name of the faith community: \_\_\_\_\_

Street or P.O Box: \_\_\_\_\_ Apt./Ste./Unit # \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Additional Information Phone: \_\_\_\_\_ (Textable?  Yes  No)

Email: \_\_\_\_\_ Website: \_\_\_\_\_

## Purpose — Indicate all that apply:

<input type="checkbox"/> Rent	\$ _____	<input type="checkbox"/> Office Expenses	\$ _____
<input type="checkbox"/> Custodial Care	\$ _____	<input type="checkbox"/> Technology Expenses	\$ _____
<input type="checkbox"/> Salary	\$ _____	<input type="checkbox"/> Other: _____	\$ _____
<input type="checkbox"/> Cancelled Mission Giving	\$ _____	<input type="checkbox"/> Other: _____	\$ _____
<input type="checkbox"/> COVID-19 Expenses (PPE, etc.)	\$ _____	<input type="checkbox"/> Other: _____	\$ _____
<input type="checkbox"/> Utilities	\$ _____	<b>TOTAL GRANT REQUEST</b>	\$ _____

## Financial Information — Attach ONE of the following:

- A budget narrative providing an overview of the faith community's operating budget and showing the amount required to balance the budget
- The most recent Annual Financial Report
- Statement of Activities
- Statement of Financial Position
- The most recent bank statement

## Outcome(s) - What are your goals and how will this grant help you accomplish them?

Describe your goals. If applicable, include: How will you measure progress/success? How will use of the grant improve the likelihood of progress/success? What risks might hinder you in meeting your goals? What steps will you take to mitigate these risks? (Attach additional page if needed to complete response.)

## Reporting - Complete and return a GRANT USE EVALUATION FORM six months after grant receipt.

PLR USE ONLY

APPLICATION PROCESSING

Date Received: \_\_\_\_\_

Sent to SCT Network Team Convener:

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

Team: \_\_\_\_\_

Date: \_\_\_\_\_

Report Date: \_\_\_\_\_

Decision: \_\_\_\_\_

Account# \_\_\_\_\_

Award Amount: \$ \_\_\_\_\_

SCT Meeting Date: \_\_\_\_\_

SCT Decision: \_\_\_\_\_

Check Request: \_\_\_\_\_

Check # \_\_\_\_\_

Date sent \_\_\_\_\_

CLASSIFICATION

\_\_\_\_\_ Existing Congregation

\_\_\_\_\_ NWC