

Fund Your VISION

West Bay Region, San Francisco Presbytery
GRANT APPLICATION
(12 point font – 3 page max to answer all questions)

Project Name:

Primary Contact Person:

Primary Contact Phone:

Primary Contact E-mail

Name of Church(s) Submitting Grant:

Date of Session Approval:

Project Description:

1. Fully describe how the project fits into one of the six **required** ministry areas for Fund Your Vision: Housing/Shelter/Homelessness; Micro Loans/Grants; Food Insecurity; Immigration and Refugees; Youth and College Ministry; Systemic Change to Dismantle Structural Racism

Fund Your VISION

2. Describe how the project meets any or all the additional criteria.

3. Describe the key needs you are looking to address with this proposed project.

Project Timeline:

Start Date: _____

End Date: _____

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Financial Description:

Amount Requested for One-Year Project from Fund Your Vision: \$ _____

Total Project Budget: \$ _____

Budget Justification Narrative.

Please explain your budget and how the grant funding will be spent, if awarded. Describe the full expense budget and how you will “close the gap” if the project budget is beyond the grant request.

Project Impact

Describe what your proposed outcomes of the grant will be and describe processes and systems you will have in place to evaluate the project’s success.

3 PAGES MAXIMUM for Grant Request to Answer All Questions!

Fundyourvision@sfpby.org - email address for electronic application
submission & for questions!