

**The Presbytery of Chicago**  
**End Hunger and Homelessness Mission Team (EHHMT) – Funding Criteria and Application**  
For Organizations and Agencies Seeking to Relieve and End Hunger and Homelessness

---

Organizations and Agencies in the Chicago Metropolitan area seeking to relieve and end hunger and homelessness are invited to apply for supplemental funding from the End Hunger and Homelessness Mission Team (EHHMT), a mission of the Presbytery of Chicago (POC) in the Presbyterian Church in the United States of America (PCUSA) committed to ending hunger and homelessness. Organizations from outside the Chicago Metropolitan area must demonstrate an indelible link to Chicago. The EHHMT fund source is a small POC offering for relief called Cents-ability. The EHHMT exercises considerable discretion in its funding decisions.

**Funding Criteria – Primary Criteria.** The EHHMT seeks to address the root causes of hunger and homelessness.

Only organizations and agencies which demonstrate service in one or more of the following areas are eligible for funding.

1. **Direct Food Relief and Shelter**
  2. Influencing a **Just Public Policy**
  3. Providing models of **Just and Sustainable Lifestyles**
  4. **Educating** the public, particularly the Presbyterian constituency on the **Root Causes of Hunger and Homelessness**
  5. **Developmental Assistance**
- **Funding Criteria – Additional Criteria.** Funding decisions are made twice each year in April and August. In order to allow time for review and site visit, the deadline for submission for the April cycle is February 1 and the deadline for submission for the August cycle is July 1. Organizations and agencies will be funded as long as funds are available at the time the application is received and considered. Preference for **Direct Food Relief and Shelter** may be given to organizations located in and operated by Presbyterian congregations. Follows additional funding criteria:
    - To organizations in the Chicago Metropolitan area.
    - To organizations that are able to establish a covenanted relationship with a local Presbyterian congregation, including matching of grant funds (in money or in kind).
    - To organizations that are able to establish a link with the Presbyterian Church (U.S.A.)
    - To organizations that are able to establish a link with any Christian organization.
    - To organizations that are able to establish a link with an interfaith organization.
    - All other organizations and agencies.

**Funding Criteria – Additional Considerations.** Agencies applying for a grant should also keep in mind these additional considerations:

- The EHHMT exercises preferences for agencies applying for funding who are able to demonstrate empowerment and collaboration with the community of need

- in conceiving, planning, implementing, funding and evaluation of the program and which demonstrate commitment to capacitate women.
- The EHHMT will attempt to create a partnership between any funding recipient and a local Presbyterian congregation, if no such relationship exists at the time of application. Where such a relationship is created, a criteria for fulfillment of the grant obligation would then be the development of such a relationship.
  - The EHHMT will fund only organizations and agencies. Applications from individuals will not be considered.
  - Applicant agencies reapplying for funding must include in the application a Project Progress Report of the use of the funds for the period last funded.

### **Final Check List**

- Incomplete applications will not be considered without comment.
- Applications must include an annual program budget as well as the agency's annual budget.
- A completed application must include a written summary not to exceed 100 words, suitable for publication, In submitting the signed application the agency and grant-writer, give explicit permission for any part of the application to be published by the End Hunger and Homelessness Mission Team, the Presbytery of Chicago, The Synod of Lincoln Trails and the Presbyterian Church (USA).
- Providing other documentation or information other than that which is requested is neither necessary, nor will it influence the funding decision, and may be totally disregarded.
- Please provide requested information in the space provided on the application. Use additional pages as directed only.

Organizations are eligible to apply for funding once per year. Applications will be processed for review and appraisal as soon as they are received. Every effort will be made to inform the agency of the action of the EHHMT in a timely manner.

This form may be submitted electronically. While every effort should be made to use the application provided, the grant writer has specific permission to adapt this form for ease of submission.

**PRESBYTERY OF CHICAGO  
END HUNGER AND HOMELESSNESS MISSION TEAM  
APPLICATION FOR FUNDING**

Date \_\_\_\_\_

1. **Title of Project** \_\_\_\_\_
2. **Amount Requested** \$ \_\_\_\_\_ **Primary Criteria:**

<input type="checkbox"/> Public Policy		%
<input type="checkbox"/> Sustainable Lifestyle		%
<input type="checkbox"/> Education		%
<input type="checkbox"/> Development Assistance		%
<input type="checkbox"/> Direct Food and Shelter		%

If the applicant seeks funding for more than one primary criteria, please indicate the percentage of funding beside the criteria
3. **Name of Organization/Agency Submitting Proposal**

**Name** \_\_\_\_\_ **Position** \_\_\_\_\_

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

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_
4. **Name of Person Responsible for Organization/Agency/Project**

**Name** \_\_\_\_\_ **Position** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **E-mail** \_\_\_\_\_

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

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_
5. **Name of Person Writing Proposal**

**Name** \_\_\_\_\_ **Position** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **E-mail** \_\_\_\_\_

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

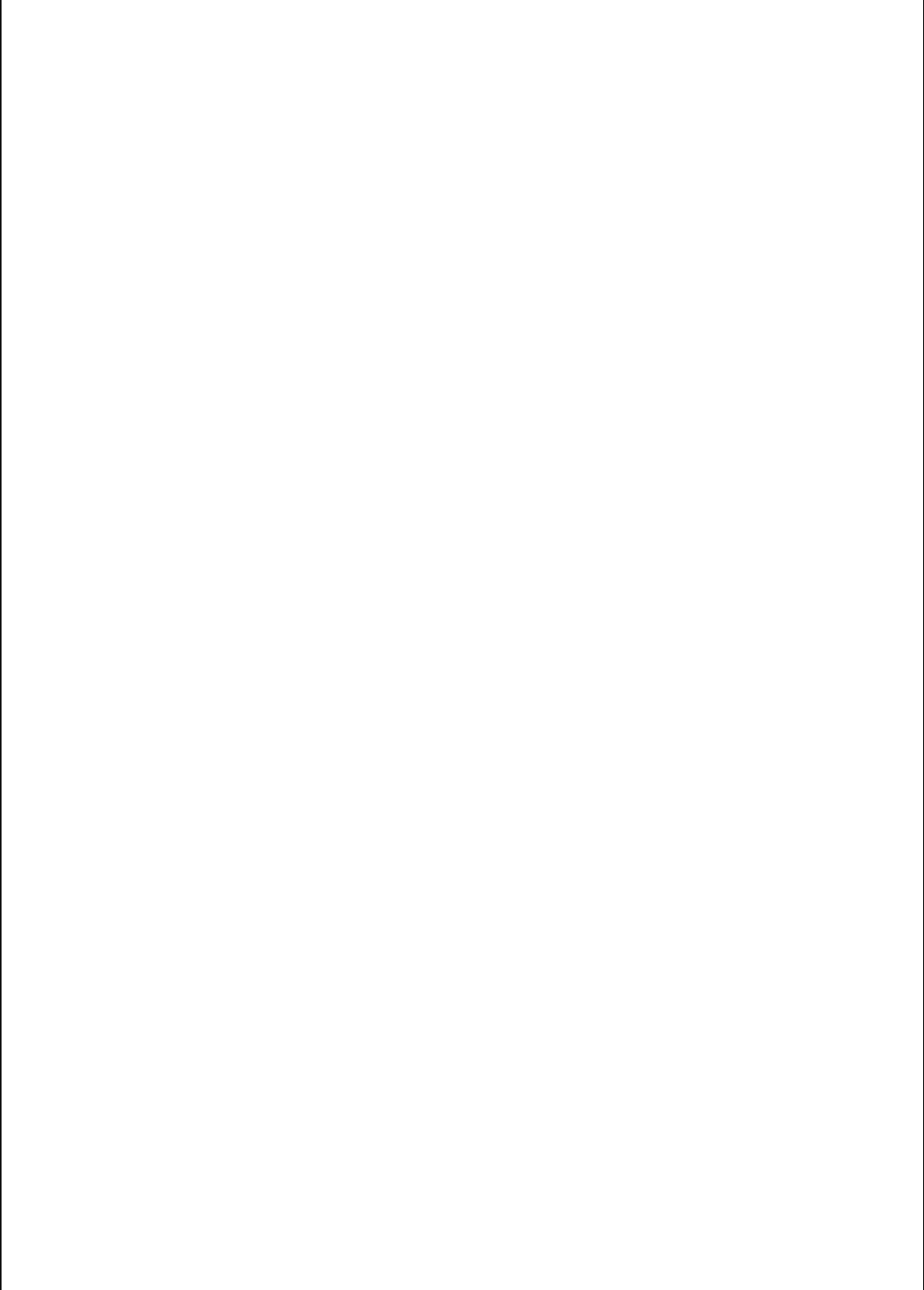
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_
6. **Location of Project Or Service Area, if not the same as #3 above**

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

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_
7. **Summary of Intent and Purpose:** Please include goals, objectives, and the technology for achieving your objectives in narrative form not to exceed 100 words. **Please use a separate page.**

Date Received:

**Summary of Intent and Purpose**

A large, empty rectangular box with a thin black border, intended for the user to write the summary of intent and purpose. The box occupies most of the page below the header.

**8. Presbyterian Support**

**What Presbyterian Churches/Agencies provide support?** Please list on separate page if necessary:

Name \_\_\_\_\_

Name of Contact \_\_\_\_\_ Phone Number \_\_\_\_\_  
Person

Capacity \_\_\_\_\_

Name \_\_\_\_\_

Name of Contact \_\_\_\_\_ Phone Number \_\_\_\_\_  
Person

Capacity \_\_\_\_\_

**9. Ecumenical/Interfaith Connections**

**Is project supported by other denominations or interfaith organization?** If yes, please list on separate page if necessary:

Name \_\_\_\_\_

Name of Contact \_\_\_\_\_ Phone Number \_\_\_\_\_  
Person

Capacity \_\_\_\_\_

Name \_\_\_\_\_

Name of Contact \_\_\_\_\_ Phone Number \_\_\_\_\_  
Person

Capacity \_\_\_\_\_

**10. Local Community Involvement:** Indicate how the agency demonstrates empowerment of the community of need in the creation, development and implementation of the project. Use separate page if necessary.

**11. Budget:** Please enclose copies of both the agency's and project's budget for the last fiscal year and the proposed budget for next year. Budgets should include: itemized income including sources; itemized expenses including administrative overhead detailed (salaries, rent, utilities, operating costs) and program expenses. Please submit the most recent audit.

**Total Agency Budget**      \$ \_\_\_\_\_

**List Other sources of project funding**

	Amount Requested	\$	Amount Rec'd	\$
_____	Amount Requested	\$	Amount Rec'd	\$
_____	Amount Requested	\$	Amount Rec'd	\$
_____	Amount Requested	\$	Amount Rec'd	\$
_____	Amount Requested	\$	Amount Rec'd	\$

**List Salaried and Hourly Positions**

**List Volunteer Positions**


**12. Board of Directors:** Please list the names of the members of a board of directors. Use separate sheet if necessary.


13. Has your organization received Funds from the Presbytery of Chicago Hunger Mission Team or End Hunger and Homelessness Mission Team in the past?

Yes                       No                       Don't know

If yes, please complete the "Project Progress Report" which follows (This is required from all EHHMT-funded projects. Future funding will not be considered without this report)

**PROJECT PROGRESS REPORT**

Provide any additional information on a separate page titled Project Progress Report

Years and Level of Funding: (indicate grant period by the date you received the grant.)	Last Grant Period	Grant Amount	Prior Grant Periods	Grant Amount
		\$		\$
				\$
				\$
				\$
				\$
				\$
				\$

How many years has this program/organization been in operation?

Please limit your response to the following questions to an outline of your accomplishments. No more than one (1) page, plus attachments, please. If you have also received funding from the PCUSA PHP for this specific project, you may submit the completed a Project Progress Report required by them.

1. What specific actions did your organization take during the past year to accomplish the objectives outlined in your proposal to the Hunger Mission Team or End Hunger and Homelessness Mission Team? What difficulties did you encounter in meeting your stated objectives?
2. Describe your evaluation process (the process by which you determine whether you have met your objectives.)
3. How has the implementation of your project so far helped your organization develop in the following areas: leadership, resources, membership base, and (when applicable) relationships with the church or other faith groups? What has been learned? Has this led to any changes in organizational structure or program direction?
4. Explain how poor and disadvantaged people, especially women, have benefited from and/or have become more involved in the organization and management of this project in the past year.
5. Compare your budget projections (in the original proposal), both receipts and expenditures, with actual performance to date. Include audited financial report if and when available.
6. Please provide a one-page story (**Please use separate page**).

14. Signatures: By your signature you state that all of the information is accurate and complete and grant permission to use the summary, as required in #7, and the one page story, as required in 13).

Signature of Responsible Person	_____
Title	_____
Date	_____
Signature of Person Completing Application	_____
Title	_____
Date	_____

