



PRESBYTERY OF ST AUGUSTINE  
DESIGNATED FUNDS DISBURSEMENT PROPOSAL

1. PROJECT NAME: \_\_\_\_\_
2. SUBMITTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_
3. (Committee, Commission, Congregation, or Team)
4. CONTACT PERSON: \_\_\_\_\_
5. (In case we have questions) EMAIL: \_\_\_\_\_
6. PHONE: \_\_\_\_\_
7. AMOUNT REQUESTED: \_\_\_\_\_ FROM LINE ITEM: \_\_\_\_\_

8. BRIEF DESCRIPTION OF PROJECT (Please limit description to the space provided.):

9. WHAT ARE THE AREAS OF THE STRATEGIC PLAN THIS PROJECT SUPPORTS? (Please List.)

10. WHO ARE THE PEOPLE AND/OR GROUPS TO BE SERVED BY THIS PROJECT?

11. WHAT IMPACT WILL THIS PROJECT HAVE ON THEM?

12. WHAT UNMET NEEDS DOES THIS PROJECT ADDRESS?

13. WHAT OUTCOMES DO YOU EXPECT FROM THIS PROJECT?

14. HOW WILL YOU EVALUATE THE SUCCESS OF THIS PROJECT?

15. WHAT ACTIVITIES WILL BE CARRIED OUT TO SUPPORT THIS PROJECT?

16. OVER WHAT PERIOD OF TIME: \_\_\_\_\_

17. WILL YOU INVOLVE OTHER COMMITTEES, TEAMS, COMMISSIONS OR OUTSIDE AGENCIES IN CARRYING OUT THIS PROJECT? IF SO, WHO AND HOW WILL THEY BE INVOLVED?

18. DETAIL YOUR BUDGET AND EXPLAIN HOW EACH ITEM SUPPORTS THE PROJECT (Please do not exceed the space provided):

19. HOW DO YOU EXPECT TO SUSTAIN THIS PROJECT WHEN THE GRANT EXPIRES?

20. ARE THERE BUDGET IMPLICATIONS BEYOND THE TIME SPAN OF THE GRANT TO MAINTAIN SUSTAINABILITY? IF SO, WHAT ARE THEY?

21. APPLICANT SIGNATURE: \_\_\_\_\_ DATE APPROVED: \_\_\_\_\_

21.a ORGANIZATION CHAIR: \_\_\_\_\_ DATE APPROVED: \_\_\_\_\_

22. CHAIR COORDINATING COUNCIL \_\_\_\_\_ DATE: \_\_\_\_\_

23. AMOUNT ALLOCATED: \$ \_\_\_\_\_ DATE: \_\_\_\_\_