

Requests for Hunger Fund Monies

Huntingdon Presbytery

GUIDELINES

Purpose

The Huntingdon Presbytery Hunger Fund exists to provide assistance for individuals and families who do not have adequate amounts of food or the types of food necessary to develop and maintain good health through Presbyterian Churches and organization in the Presbytery.

Objectives

- To purchase and distribute nutritious food to people deprived of adequate amounts or kinds of food.
- To support people and organizations who facilitate or enable poor and hungry people to be fed or to feed themselves.
- To provide training or education for hungry people which will aid them in feeding themselves.

Implementation

- The Committee on Presbytery Life will distribute Hunger funds received from the Huntingdon Presbyterian churches as Hunger Fund.
- Money will be distributed on need basis, pending upon the receipt of the duly filled application. One application for each project.
- Funds may be requested by a church for use by the church or another organization with which the church or organization is cooperating.
- To provide fair distribution of available funds, all new requests must be received by the Huntingdon Presbytery office by January 31.
- Emergency requests will be accepted and evaluated throughout the year.
- Funds will not be distributed for long-term holding in an account of a local church, association, or other organization.

Types of Service

- Direct purchase of food.
- Enabling food production, food distribution, or food consumption, including the cost of materials and equipment (either rental or purchase).
- Personnel costs in programs on the local level which result in hungry people being fed.
- Hunger money may not be used to supplement salaries of staff members of local churches, associations, or organizations.

Budget

Please attach a copy of the budget for this ministry. If you do not have a budget, please enclose a breakdown of how you expect to spend money from the Hunger Fund.

APPLICATION

Name of the Church: _____

Address

Phone

E-mail

Checks will be mailed to the church or organization. Please give the name of the person who should receive the check.

Please provide a brief description and mission of the project.

Administrative Responsibility

Who will have direct administrative responsibility for spending these funds?

Name

E-Mail Address

Mailing Address

Daytime Phone

Funds

Amount of money requested \$ _____

Funds will be used for (check one):

_____ Start-up funds, to begin a new program/ministry

_____ On-going funds, to continue the operation of an already existing program/ministry

Is this money to be channeled to another organization?

_____ Yes _____ No

If yes, please name the organization. _____

Has your organization previously requested funds from the Hunger Fund?

____ Yes ____ No

If yes, when was the last time your organization requested hunger funds?

Are you presently holding funds previously allocated to you from the Hunger Fund?

____ Yes ____ No

If yes, please explain. _____

Are you receiving funds from other sources for this program/ministry?

____ Yes ____ No

If yes, what other sources? _____

Do any of those sources offer to match funds received from others? ____ Yes ____ No

If yes, please explain.

How are you organized to spend this money?

Is this project approved by your Session? ____ Yes ____ No

If yes, when was this approved? _____

Name and Signature of person submitting application:

Church office or position: _____

Date: _____