

# New Worshiping Communities

*A targeted Innovation Grant designed to encourage new and creative ventures in ministry*

The Synod of the Trinity | 3040 Market Street, Camp Hill, PA 17011 | 717-737-0421 | [office@syntrinity.org](mailto:office@syntrinity.org)

*The ministry of the Synod of the Trinity is guided by our ends.*

*Key to this New Worshiping Communities Innovation Grant is our secondary end: “Encouraging innovation in, between and among presbyteries through the use of human, programmatic and financial resources.”*



## Grant Description

We live in a time of great change, both in church and culture. It is a time rich with opportunity to reach people for Jesus Christ and it is critical that we build the church's capacity to respond faithfully, without the fear of failure. Congregations, presbyteries and faith-based organizations are encouraged to dream and explore new and innovative possibilities for ministry and mission.

In partnership with the Presbyterian Mission Agency, the Synod of the Trinity will assist with a portion of the matching funds necessary for Investment and Growth Grants for New Worshiping Communities. Please fill out the Synod application, **after filing for the General Assembly Grant**, and attach that paper work to this application before sending it in. General Assembly grants are available at:

**Investment Grant:** <https://www.presbyterianmission.org/resource/new-worshipping-communities-investment-grant-application/>

**Growth Grant:** <http://www.presbyterianmission.org/ministries/1001-2/mission-program-grants/>

Based on budget and need, grants of up to \$7,000 may be awarded to the applicant.



## DEADLINES FOR GRANT APPLICATIONS

May 1: Funding decisions will be made by June 1

November 1: Funding decisions will be made by December 1

## New Worshiping Communities Grant Application Form

Please complete this on-screen fillable form by downloading it to your desktop. You may choose to type your responses or hand write them. When completed, print the form, sign where designated, then mail the form to the Synod of the Trinity. You are encouraged to contact Susan Wonderland or Chantal Atnip at the Synod office number 717-737-0421 with any questions.

For Office Use Only:

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

Date Reviewed \_\_\_\_\_

Date Notification \_\_\_\_\_

Yr \_\_\_\_\_ Type \_\_\_\_\_ App# \_\_\_\_\_

### NEW WORSHIPING COMMUNITIES (NWC) INFORMATION

Please list the name of your NWC and the name and contact information for the person responsible for answering any questions we may have regarding your grant application. Make sure you list a phone number where that person can easily be reached and an email address that is checked regularly. Thank you!

NWC Name

Primary Contact Name

Street Address

City

State

Zip

Email Address

Home Phone

Cell Phone

### PC(USA) AFFILIATION INFORMATION

Partner Congregation  
(if applicable)

Street Address

City

State

Zip

Presbytery Affiliation

Presbytery Contact Person

Email Address

## FINANCIAL INFORMATION

Please use the following space to provide a financial plan for the NWC. For the income section, be sure to identify funding partners (i.e. Presbyterian Mission Agency grants, contributions from partner congregations, presbytery, members, other organizations and fundraisers). Please project start-up expenses as well as projected annual expenses (salary, meeting space, programming, etc.). Attach additional sheets if you require more room.

**PLEASE INDICATE LEVEL YOU ARE APPLYING FOR: Please check one.**

INVESTMENT (copy of grant application attached) SEE:

<https://www.presbyterianmission.org/resource/new-worshiping-communities-investment-grant-application/>

GROWTH (copy of grant application attached) SEE:

<http://www.presbyterianmission.org/ministries/1001-2/mission-program-grants/>

## TOTAL AMOUNT OF SYNOD GRANT REQUESTED

### GRANT CHECK

**YOUR GRANT CHECK CANNOT BE MADE OUT TO AN INDIVIDUAL. IT MUST BE MADE OUT TO AND MAILED TO AN ORGANIZATION.**

Organization Name

Street or P.O. Box

City

State

Zip

## SIGNATURES

We require documentation that your application has been reviewed by your member PC(USA) partners in this project.

### PARTNER PC(USA) *(if applicable)*

Church Name

Session Clerk Name

Signature

Date Reviewed

## PRESBYTERY CONFIRMATION

*I verify that the presbytery leadership has been apprised of the application for this grant and has had the opportunity to review this document.*

Presbytery Name

Date Reviewed

Name and Title

Signature

*Executive Presbyter or Stated Clerk*

## APPLICANT

Please have the person who filled out this form sign below.

Applicant's Name

Signature

Date Signed

## EVALUATION QUESTIONS

The Synod of the Trinity would like a review of your experience. Please send a status report within six months of receiving this grant. Return your responses, along with any photographs, to Chantal Atnip at [treasurer@syntrinity.org](mailto:treasurer@syntrinity.org). **A \$50 Amazon Gift Card will be awarded to you upon completion of the evaluation questions.**

1. How have you or have you not met your goals?
2. What is the next step in this work?
3. How has the Holy Spirit surprised you in your process and new relationships?
4. How did you or will you share your project and learnings with your congregation, your community, your presbytery and your synod?