

**The Presbytery of the Miami Valley
NORTHMINSTER MISSION FUND
APPLICATION**

Date: _____

Church/Organization Information:

Name: _____ **Telephone:** _____

Address: _____ **Fax:** _____

_____ **Email:** _____

Website: _____

If this Application is made by a congregation in partnership, please provide contact information for all of the partners, as well as describe the responsibilities of each in the ministry for which the Application is made (attach additional sheets as necessary):

Contact Person Information:

Name: _____ **Telephone:** _____

Address: _____ **Fax:** _____

_____ **Email:** _____

Proposed budget: _____

Amount requested: _____

Additional sources of funding: _____

Description of the proposed ministry (In the space below, please provide a brief summary (150 words or fewer) of the ministry and how it participates in the *building up of the body of Christ*):

Application Authorization:

Signature: _____

Name: _____

Title: _____

Date: _____

Please submit the completed Application to:

**Presbytery of the Miami Valley
1541 South Smithville Road
Dayton OH 45410-3242**

**Att: Board of Trustees
Mission Grant Subcommittee**

Date received: _____

Date of Action: _____

Approved

Disapproved