

A.R. Hibbs Family Memorial Fund Application

Name of Church: _____

Date Approved by Session: ___/___/___ Application Amount: \$ _____

Has the church ever received a Hibbs Fund Disbursement? Y or N
If Yes, when and for how much? Date of disbursement _____ Amount \$ _____

Please describe additional sources of funding over and above the Hibbs Fund requested monies (or anticipated sources of funding) and the amount of that funding (ex. other grants, fundraisers, private donations, special offerings, etc.):

If there are other organizations involved in this missional project, please list them and their contribution amount (ex. Salvation Army, another local church or community organization):

If you do not receive the full amount you have requested from the Hibbs Fund, how will the remaining funds be raised? Further, if the full amount cannot be awarded, will this mean that the project or program will be discontinued or abandoned?

Please briefly describe how the funds will be used to enhance the missional outreach of the church; please use specific examples, current successes and challenges; targeted population(s) (ex. Children, homeless, a food program, etc.); and a detailed budget of how these funds would be used:

Signatures

Clerk of Session _____

Moderator _____

Date Approved by Presbytery Mission Team: _____

Chair _____

Amount Approved _____

Please submit to the Kiskiminetas Presbytery, PO Box 339, Yatesboro, PA 16263