

Presbytery of Susquehanna Valley Cluster Funding Application

rev. 1/28/08

Purpose of the Cluster:

Date: _____

Details:

Churches Involved:

Church Name:

Location:

Date of Governing Board
Endorsement:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Contact person for this application: (name, phone, e-mail, church) _____

Funds or office support Requested from the Presbytery: \$ _____

Overall Budget of the Project \$ _____

If this cluster contains non-PC(USA) congregations, have you requested or been granted funds from another source? \$ _____ requested \$ _____ granted.

From what source: _____

How will the money or PSV office support be used?

How will you evaluate or measure the effort?

Are you willing to share with the Presbytery the successes and failures of this endeavor? YES / NO
Return to Grant Funding Review sub-committee: 12 Whitney Way, Bainbridge, NY 13733

PSV Cluster Review Form

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"The Presbytery of Susquehanna Valley lives to serve and encourage congregations as we together seek to be faithful to our calling in Jesus Christ."

A 'cluster' is defined as two or more Christian congregations, at least one of which is PC(USA), joining cooperatively to do ministry or mission. When funding is requested from the presbytery, the governing boards of each congregation must formally endorse the cluster's purpose. The projects need to be purposeful and reflect the mission of the Church to share the hope of Jesus Christ by bearing witness and addressing the needs of the community.

Purpose of the Cluster:

Date: _____

Churches Involved:

Church Name:

Location:

Was the Project Worthwhile? _____

Would you do it again? _____

What would you celebrate from this experience?

What did you learn?

What would you do differently?

For Clusters Receiving Funds / support from the Presbytery:

*Cluster Reviews must be given to the Presbytery Council within 30 days of the end of the project or quarterly for projects going beyond 3 months. **Please give a summary of how the money was used?***

Contact information for person filling out this form:

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