

7 West 55th Street, New York, NY 10019-4995  
Tel: 212.247.0490; Fax: 212.586.1387  
Dial-a-Prayer: 212.246.4200; Thought Line: 212.246.4204  
www.fapc.org



January 25, 2008

Dear Friends,

Thank you for contacting us about financial support for your organization. Attached, please find a copy of our 2008 Benevolence Grant Application Form.

Please complete the application and return it to us by May 1, 2008. You may also send additional material you already have prepared or include a cover letter if you wish to add any explanation to the application.

Our congregation has established 6 areas of particular interest.

- Children and Families at Risk
- The Elderly
- Health Care
- Homelessness and Hunger
- International
- Theological Education

Promising applications are assigned to teams for further investigation. Wherever possible, we like to make site visits to see your program in action and meet your staff. Partnerships sometime involve more than money, and so we want to get to know you and your program to discover additional ways in which we might share in your mission.

Grant decisions are made once a year. Applications are due by May 1, 2008, and we research and visit organizations in the summer. Funding decisions are made in September and October and checks are issued in November.

We are often asked about the size of grants. Our grants vary from \$1,000-\$15,000, with most being between \$1,000 and \$6,000.

We ask God's blessing on your work and anticipate learning more about it.

Sincerely,

Roland Perdue  
Interim Senior Pastor

The Fifth Avenue Presbyterian Church  
7 West 55<sup>th</sup> Street  
New York, New York 10019

Benevolence Committee  
Funding Request Form

**Deadline: May 1, 2008**

Please answer the following questions in the space provided or on separately attached pages with reference to questions outline numbers next to your answers.

**I. ORGANIZATIONAL INFORMATION:**

A. Organizational Name:

B. Address:

City: State: Zip Code: Country:

Phone Number:

Fax Number:

E-mail:

C. Name of Executive Director:

Name of Director of Development/Fund Raising:

D. How many years has the organization been in operation:

E. Please give a brief organizational mission statement:

F. Amount of this grant request:

**II. PURPOSE OF REQUEST** (please complete one of the following three categories)

A. If the funding is for **general organizational support**, please describe the following:

1. The number of people expected to benefit from the organization per year:
2. Your organization's qualifications for implementing its goals:

B. If the funding is for a **specific project**, please respond to the following:

*(Note: A specific project is an established project within your overall organization that addresses a special need of a particular population.)*

1. The project and intended use of FAPC funding (Describe briefly):

2. When was the project founded?

3. Budgeted total cost of the project for next year: \$ \_\_\_\_\_  
Actual cost of the project last year: \$ \_\_\_\_\_

4. The time period during which these funds will be employed:

5. Number of people expected to benefit from the project per year:

6. Your strategy for implementing the project and expected accomplishments or milestones:

7. Your organization's qualifications for implementing this project:

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C. If the funding is for either a start-up program or to expand a specific project, please respond to the following:

*(Note: A start-up program is a fully planned program that has not been implemented primarily due to lack of funding, but that will be launched with the help of this requested funding. Funding for a start-up program is not available for planning and development, only implementation. Expanding an existing program means adding new components to, or increasing the number of people served under, an existing specific project as defined above in section II(B.)*

1. Please indicate whether this funding is for (i) a start-up program, or (ii) to expand a specific project:
2. If a start-up, please indicate the anticipated launch date of the program. If an expansion, please indicate the date the specific project was founded.
3. Budgeted total cost of the project for next year: \$\_\_\_\_\_   
 If an expansion program, actual cost of the project in the last fiscal year: \$\_\_\_\_\_
4. How will your organization report its progress to FAPC over the course of the next year?
5. Please describe the start-up program or how you plan to expand the specific project. Specifically, to what need does this expansion or start-up program respond:
6. Please describe the intended use of FAPC funding in connection with the program:
7. Your strategy for implementing the start-up or expansion and expected accomplishments or milestones:
8. Your organization's qualifications for implementing the start-up or expansion:

**III. COMPARISON TO SIMILAR ORGANIZATIONS**

- A. What distinguishes your organization from others that have the same or similar goals?
  
  
  
  
  
  
  
  
  
  
- B. Does your organization complement the work of other organizations with the same or similar goals? If so, please describe:
  
  
  
  
  
  
  
  
  
  
- C. Does your organization collaborate with or depend upon other organizations? If so, please describe:

**IV. ADMINISTRATION AND STAFF**

- A. Does your organization have an active board of directors?
  - 1) The number of members?
  
  - 2) How frequently do they meet?
  
- B. How many full time equivalent staff (FTE) does your total organization employ?
  - 1) Number of program specific FTE:
  
  - 2) Number of administrative FTE staff:
  
  - 3) If your funding request is for a specific project, how many FTE staff are necessary to run the project?
  
- C. Are volunteers involved in your organization?
  - 1) Number of volunteers per year working at your organization:
  
  - 2) Number of volunteers hours devoted to your organization last year:
  
  - 3) Number of volunteers involved in the specific program for this funding request (if applicable):
  
  - 4) Are any volunteers from FAPC currently active in your organization?

**V. ORGANIZATION'S FUNDING SOURCES**

- A. On average what percentage of your organization's total annual funding comes from:
- 1) Government grant sources?  
Federal: \_\_\_\_\_%      State: \_\_\_\_\_%      Local: \_\_\_\_\_%
  - 2) Private Institutions?      Corporations: \_\_\_\_\_%      Foundations: \_\_\_\_\_%  
Other Churches: \_\_\_\_\_%
  - 3) Individuals: \_\_\_\_\_%
- B. Does your organization receive funds from any other Fifth Avenue Presbyterian Church Source? If so, please specify:
- C. Has your organization ever received funding from the FAPC Benevolence Committee in the past? If so, please list dates and amount of grants received:

**VI. FINANCIAL ANALYSIS**

- A. Please provide a calculation of your organization's total administrative expenses as a percentage of its total operating budget:
- Current budget year (projected) \_\_\_\_\_%
- Most recent fiscal year (actual) \_\_\_\_\_%
- 1) Please provide a brief explanation of the components of this calculation, (i.e. what you include in your definition of administrative expenses):
  - 2) Do you feel this administrative expense ratio is high, low, or about average as compared to similar organizations which provide similar services?
- B. Does your organization have any reserves and/or endowment funds established? If so, are any of reserves available for use in the coming year? Please explain:

**VII. FOR INTERNATIONAL GRANT APPLICANTS ONLY**

A. Do you maintain a physical presence in any location other than that indicated on Section One (Organizational Information)?

If so, please indicate complete addresses and telephone numbers.

B. Will any of the grant money received from Fifth Avenue Presbyterian Church be used to provide direct funding to individuals?

If so, do you certify that you will ensure that the individuals receiving funding are not engaged in activities supporting terrorism?

C. Do you further certify that the funds provided will be used only for the purposes indicated in the grant application and will not be used for activities related to terrorism?

D. If grant is awarded and money is to be wired, please complete the following information:

Bank name and address:

Bank routing number:

Organization name on bank account:

Bank account number:

Bank contact name:

Bank contact telephone number:

Bank contact e mail:

**VIII. EXHIBITS**

Please attach the following documents of the organization:

A. Evidence of tax exempt status

B. A copy of your annual operating budgets:

1) For the total organization

2) For the specific project (if applicable)

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- C. Audited financial statements for the previous two fiscal years
- D. A specific list of the organization's funding sources from the most recent fiscal year.