



# MUSKINGUM VALLEY PRESBYTERY

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*Journeying with Jesus to touch the World!*

## **APPLICATION FOR TWO CENTS A MEAL GRANT**

This application is to be used by congregations seeking grants from the **Two Cents a Meal Grant**.

*Toxic Charity* can be defined as “disempowering the people we hope to serve by doing for them what they have the capacity to do for themselves.” At the December 2014 gathering of Muskingum Valley Presbytery, we announced that we will be using different criteria to determine how the Two Cents a Meal grants will be awarded. We have developed a new set of standards for the awards. Preference will be given to those organizations that demonstrate their desire to move their neighbors from recipient to independence. Finally, as a condition for accepting the grant, we ask that you be willing to share your story through photos, videos and testimonials at our gatherings. Please answer the following questions:

**What is the area of need? What are the contributing factors to this issue? With whom do you collaborate in the community?**

**Describe those who will be served by this ministry. How are they being involved in the overall strategy and leadership of this ministry?**

**How will this ministry empower people and change lives?**

**How will you know if you are successful? Are there measurable milestones you hope to reach along the way?**

Grant applications are due to the Muskingum Valley Presbytery by email: [mvpjourney@gmail.com](mailto:mvpjourney@gmail.com)  
or by mail to: PO Box 946, New Philadelphia, Ohio 44663 by October each year.

The MVP Administration Committee will review all grant applications and eligibility and will present recommendations to MVP Council for approval at the November Council meeting. Council has full discretion in approving grants and in designating the amount to be awarded. Churches will be informed of Council's decision by the end of November.

Name and Location of Church Sponsoring the Proposal:	Phone Number:
Street Address:	
City	State, Zip Code
Contact Person	Contact Person's Phone Number:
Name of Organization to Receive Grant (if applicable)	
Total Cost of Project: \$	
Grant Amount Being Requested: \$	

**Signatures:**

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**Clerk of Session of Sponsoring Church**

**Date**

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**Pastor/Moderator of Sponsoring Church**

**Date**