



Presbytery of Baltimore COVID-19 Relief Fund Request Form

CHURCH INFORMATION

Church Name		
Address		
City	State	Zip
Phone	Email	

Amount Requested \$ _____

Have you received prior financial assistance from POB? Yes No

If Yes, please supply date, amount, and purpose.

What is the Church's total estimated loss of income? \$ _____

Has the Church received financial assistance from other sources as related to COVID-19? Yes No

If Yes, please state source(s) of funds and amount.

Briefly describe how the Church would use grant funds.

How much is the Church contributing to this financial need? \$ _____



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CHURCH FINANCIAL INFORMATION**

Church Assets

Savings & Checking Account(s) \$ _____
Endowment \$ _____
Real Estate \$ _____
Other _____ \$ _____

Total Church Assets \$ _____

Monthly Church Income

Pledges \$ _____
Collections \$ _____
Rental Income \$ _____
Investment Income \$ _____
Other _____ \$ _____

Total Monthly Church Income \$ _____

Monthly Church Expenses

Mortgage/Rent \$ _____
Utilities \$ _____
Salaries \$ _____
Insurance \$ _____
Other _____ \$ _____

Total Monthly Church Expenses \$ _____

I hereby authorize the Presbytery of Baltimore to verify all information provided

Applicant Signature: _____ **Date:** _____

Please return to: Presbytery of Baltimore - COVID 19 Grant - 5400 Loch Raven Blvd.- Baltimore, MD 21239
or email: grants@baltimorepresbytery.org



Gen. Pres. Initials: _____ Date: _____ Approved Not Approved
CTC Chair Initials: _____ Date: _____ Approved Not Approved
COM Chair Initials: _____ Date: _____ Approved Not Approved

Comments: _____ **Amount Approved**

_____ \$ _____