For Office Use:
Grant Cycle _____ Amount: _____

CAPITAL NEEDS GRANT PROGRAM
PRESBYTERY OF EASTERN VIRGINIA INC.
APPLICATION FORM

_____

Name of Church

GENERAL INFORMATION:

Grant Cycle (March or September, Year): _____

Church Address: _____

_____

Church Website: _____

Contact Person:

Name: _____ Title: _____

E-Mail: _____ Cell Phone: _____

Pastor:

Name: _____ Title: _____

E-Mail: _____ Cell Phone: _____

Committee on Ministry Liaison:

Name: _____ Title: _____

E-Mail: _____ Cell Phone: _____

Clerk of Session:

Name: _____ Title: _____

E-Mail: _____ Cell Phone: _____

PROJECT INFORMATION:

Amount Requested: _____

Please describe the proposed project in the space below. Attach extra sheets as needed. Describe the project's relevance to the church's ministry. Describe its timeline and urgency. Photos and videos may be submitted as well.

Project Cost: Please describe the project's cost. Is the church able to share any of the cost, and if so, how much? Is the project dependent on additional fundraising such as a capital campaign? Were firm cost quotes received, and is any contingency built into the requested amount? Is this project already complete?

Other Capital Needs: Does the church have other anticipated capital needs over the next five years that the church will have difficulty funding internally? Of particular concern are "must-do" projects like roof and HVAC replacements.

Grant History: To the best of your knowledge, has the church requested or received PEVA grants in the recent past?

Additional Information: Anything else you would like to share with the grant committee?

ADDITIONAL SUBMISSION INFORMATION:

Please attach recent financial statements: income statement, balance sheet, and restricted fund report.

Also attach a copy of your annual statistical report.

Please send application and required attachments to the PEVA office via email [rrodrigues@pcusa-peva.org or jessica@pcusa-peva.org], fax [(757) 397-7246] or hardcopy [Presbytery of Eastern Virginia, 6901 Newport Ave., Norfolk, VA 23505].

Also send a copy of this application to your COM Liaison. Alert your COM liaison that you have applied for a grant and let them know to expect a conversation with a member of the grant committee.

Submitted by the Session of _____

Clerk of Session Signature: _____ Date: _____

10/27/2025

Revised 8/3/2026