

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

**DESCRIPTION**

The PEVA Capital Needs Grant Program provides assistance to member churches for small to mid-sized capital projects. Priority will be given to projects that:

- Promote church growth and sustainability
- Meet vital infrastructure needs
- Are well-conceived with alternatives and cost estimates researched
- Are supported by the congregation, with cost sharing if possible
- Are fair to other member churches within PEVA

There are two grant cycles per year with written applications due March 31<sup>st</sup> and September 30<sup>th</sup>. Applications will be reviewed by the Board of Trustees, which expects to make decisions within 90 days of each deadline. In addition to preparing the written application, churches should expect to meet with the Board in-person, and to have their COM Liaison provide input and a site visit. Requests of any size will be considered. Requests may be approved in whole or in part and are limited by the amount of available funds.

**GENERAL INFORMATION**

Church Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Church Website: \_\_\_\_\_

E-mail: \_\_\_\_\_

Grant Amount Requested: \_\_\_\_\_ Funds needed by (date): \_\_\_\_\_

**PROJECT DESCRIPTION:** Please describe the proposed project including its relevance to the ministry of the church. Describe its timeline and urgency. How was the cost estimate prepared? (Add lines or attachments as needed).

**OTHER CAPITAL NEEDS AND GRANTS:** Does the church have other anticipated capital needs over the next five years?

**GRANT HISTORY:** To the best of your knowledge, has the church requested or received PEVA grants in the recent past?

**CURRENT PASTOR**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**CLERK OF SESSION**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**CHURCH STATISTICS**

Church Membership: \_\_\_\_\_ Average Weekly Attendance: \_\_\_\_\_

**SOURCES AND USES OF FUNDS**

Cost of Project: \_\_\_\_\_

Church Cash and Pledge Resources: \_\_\_\_\_

Synod or Other Grants: \_\_\_\_\_

Loans: \_\_\_\_\_

Total Resources: \_\_\_\_\_

PEVA Capital Needs Grant Request: \_\_\_\_\_

## REQUIRED ATTACHMENTS

- Recent year-end financial statements: income statement, balance sheet and restricted fund report
- Copy of annual statistical report

Submitted by the Session of \_\_\_\_\_

Clerk of Session Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS: 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]

10/27/2025

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