

**Clergy Colleague Group**

Sponsoring Presbytery \_\_\_\_\_

Executive Presbyter Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (     ) \_\_\_\_\_

Grant Preparer \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Type of Clergy *(i.e. new pastor, ecumenical, mixed group, male, female, etc.)* \_\_\_\_\_

Number of Confirmed Participants \_\_\_\_\_

Designated Meeting Location \_\_\_\_\_

Facilitator Name \_\_\_\_\_

Executive Presbyter Signature \_\_\_\_\_ Date \_\_\_\_\_

The following criteria must be met before a grant is awarded:

- The presbytery must select a licensed or certified group facilitator to lead the group. A copy of the license must be mailed with this application.
- Participants must have committed to participate in the group for one year.
- A neutral site for group meetings must have been identified.

**Please answer all of the following questions:**

1. Summarize your project in 50 words or less.

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2. Indicate the specific objectives of the project for the 12-month period covered by this application. *(Objectives should be written in terms that are quantifiable or measurable.)*

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3. Summarize the project goals that will decrease the incidence of identified health problems and reduce healthcare costs.

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4. Describe the activities that will take place in the 12-month period to help you meet your objectives. Include a timeline.

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5. Describe how you will evaluate the project's success.

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**Please return this form to:**

The Board of Pensions of the Presbyterian Church (U.S.A.)  
2000 Market Street, Philadelphia, PA 19103-3298  
800-773-7752 (800-PRESPLAN)