



**“For Shining Waters Regional Council Use Only”
The Presbyteries of Toronto Conference Corporation
Grant Application Form – Annual Grants**

Up to 5% of Capital Grant

(one application per grant form, please)

- Definition: An annual grant of up to 5% of the capital of the funds held in the account held by PTCC for a Regional Council at the beginning of the year in which the grant is to be paid.
- Annual grants are available for ministries supported by Regional Councils that have been approved by the executive of the Regional Council, which meet the notice requirements of PTCC, and are supported by documentation in sufficient detail for the Board of PTCC to be able to assess and approve the grant application.
- Regional Councils may submit an annual grant application when it has been approved by Regional Council; however, the application will not be considered until the next regularly scheduled meeting of the PTCC Board of Directors.
- Capital not requested as a grant in the current year may not be requested as a grant in any subsequent year.
- Three (3) months’ notice is required for payment of an up to 5% of capital grant to lessen potential losses in PTCC investments due to early liquidation.
- An up to 5% of capital grant request shall be subject to the capital loss provisions described in Article 3.9 of the 2022 MOU.
- Please specify the “payee” for the grant cheque and the address where the cheque is to be mailed by the Treasurer.
- Up to 5% of Capital Grant cheques will be mailed to the “payee” after approval by the Board of Directors but will be subject to the timing of funds being available, and the three (3) months’ notice period.

Regional Council, please complete the following information:

Name of Regional Council: _____

Regional Council Contact person: _____

Phone # _____ **e-mail** _____

Name of Church or Organization Receiving Grant: _____

CRA Charitable Registration Number: _____

Amount of Regional Council Approved Grant Request: \$ _____

Payment details: Lump sum Quarterly Other: _____

Requested payment dates, if applicable: _____

Details of the “payee” for the grant cheque:

Name: _____

Address: _____

Phone: _____ **e-mail:** _____

