

American Baptist Churches of New York State  
Ministry and Mission Fund  
*Strengthening the Kingdom of God one congregation at a time*

WHAT IS IT FOR?

The Region supports churches in five areas through this fund. The Executive Minister is the initial contact person responsible for administering the five components of this fund. Submit applications to [jkelsey@abc-nys.org](mailto:jkelsey@abc-nys.org) or mail to: ABC/NYS, 3218 James Street, Syracuse NY 13206 The five components of the fund are:

- **Psalm Fund**: This fund assists our pastors and congregations with unforeseen emergency financial needs. It also can be used for assisting churches with underfunded leadership. To apply for a grant from the PSALM Fund contact Jim Kelsey at [jkelsey@abc-nys.org](mailto:jkelsey@abc-nys.org) or 315-863-7336.
- **New Pastor Institute**: This fund provides orientation and support as new pastors transition to the Region. This fund is not available for individual grants.
- **Lynette Martin Fund**: This fund provides grants to church leaders, both lay and clergy, who are pursuing continuing education experiences to enhance their leadership and ministry skills. To apply for a grant from the Lynette Martin Fund, complete the application at <https://www.abc-nys.org/lynette-martin-educational-fund.html>. Then send the application to Jim Kelsey at [jkelsey@abc-nys.org](mailto:jkelsey@abc-nys.org) or ABCNYS, 3218 James Street, Syracuse NY 13206.
- **Keith Griffin Youth Leadership Fund**: This fund provides support for the youth and congregational youth leaders of our ABCNYS churches who are pursuing training in discipleship and, in some cases, can be used to underwrite mission trip experiences. This fund can also be used to underwrite youth events and programs in local congregations. To apply for a grant from this fund, complete the application found below. Then send the application to Jim Kelsey at [jkelsey@abc-nys.org](mailto:jkelsey@abc-nys.org) or ABCNYS, 3218 James Street, Syracuse NY 13206. By making application, you agree to provide follow-up information to the Region six months after the distribution of funds or at such time that the initiative is completed, if sooner than six months.
- **Mission Support, Evangelism and Renewal**: This fund provides funding for Region-wide, Association, and other single and multi-church events and seminars. Grants from this fund can also be used to fund new ministries, mission and/or evangelism efforts that address the needs of people outside the church.

The guidelines for applying for a grant from this fund are as follows:

1. The request must come from the Pastor or an elected official/leadership group of the church.
2. The grant application must be for ministry/mission endeavors that are projects conducted by the local church or overseen by the local church.
3. Grants can be made for a range of activities such as (a) participation in local, national, or international mission trips or (b) the initiation or expansion of local church outreach ministries. These outreach activities could include such things as evangelistic efforts, food pantries, clothing closets, community gardens, tutoring programs, children's programs, community picnics, etc. Use your imagination.
4. The church needs to identify how it will maintain accountability of the funds of the grant.
5. A Progress Report will be required three months after the distribution of funds.
6. Region support for mission and outreach projects should be in no way construed for political means.

**APPLICATION FOR KEITH GRIFFIN YOUTH LEADERSHIP FUND GRANT**

**AMERICAN BAPTIST CHURCHES OF NEW YORK STATE**

Name of church / Recipient \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

ABCNYS Church Membership \_\_\_\_\_

Provider/sponsor of the event (name & email address) \_\_\_\_\_

Description of event \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This event will equip me as a disciple and leader in the following ways:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cost of event: \$ \_\_\_\_\_

Your contribution: \$ \_\_\_\_\_

Other contributions:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Requested grant \$ \_\_\_\_\_

Please attach a summary of the various components that are included in "Cost of event."

Signature \_\_\_\_\_ Date \_\_\_\_\_

# KEITH GRIFFIN LEADERSHIP SIX MONTH PROGRESS REPORT

Submit six months after receiving grant money

ABCNYS Church /Recipient Name \_\_\_\_\_

Church Address \_\_\_\_\_ Phone # \_\_\_\_\_

Responsible Party \_\_\_\_\_ Position within the Church \_\_\_\_\_

Address \_\_\_\_\_

Please summarize how the grant money was used.

---

---

---

---

---

---

---

---

Please describe the outcomes from the use of these funds.

---

---

---

---

---

---

---

---

Please account for any unused funds at this point in your ministry. How will you continue to use these funds to accomplish your projected goal?

---

---

---

---

---

---

---

---

Any unused grant money must be returned to ABCNYS within one year of its dispersal.

Signature of Responsible Party: \_\_\_\_\_

Signature of Treasurer: \_\_\_\_\_

Signature of Pastor: \_\_\_\_\_

**APPLICATION FOR MISSION & EVANGELISM & RENEWAL GRANT**  
**AMERICAN BAPTIST CHURCHES OF NEW YORK STATE**

ABCNYS Church & Recipient Name \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Description of ministry \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This grant will enrich our church's ministry in the following ways that would not happen without the grant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cost of ministry: \$ \_\_\_\_\_

Church's contribution: \$ \_\_\_\_\_

Other contributions:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Requested grant \$ \_\_\_\_\_

Please attach a summary budget of your project.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name Printed \_\_\_\_\_

Church Position \_\_\_\_\_

**MISSION & EVANGELISM & RENEWAL GRANT THREE MONTH UPDATE REPORT**  
Submit three months after receiving grant money

ABCNYS Church & Recipient Name \_\_\_\_\_

Church Address \_\_\_\_\_ Phone # \_\_\_\_\_

Responsible Party \_\_\_\_\_ Position within the Church \_\_\_\_\_

Address \_\_\_\_\_

Please summarize how the grant money was used.

---

---

---

---

---

---

---

---

Please describe the outcomes from the use of these funds.

---

---

---

---

---

---

---

---

Please account for any unused funds at this point in your ministry. How will you continue to use these funds to accomplish your projected goal?

---

---

---

---

---

---

---

---

Any unused grant money must be returned to ABCNYS within one year of its dispersal.

Signature of Responsible Party: \_\_\_\_\_

Signature of Treasurer: \_\_\_\_\_

Signature of Pastor: \_\_\_\_\_