

Presbytery of the Twin Cities Area

TRANSITIONAL GRANT PROGRAM APPLICATION

Congregation Name _____

Contact Name _____

Email _____ Phone(s) _____

Type of Grant Requested:

_____ Transitional Grant – 50% of the difference between actual 2026 and projected 2027 costs

_____ Incentive Grant - \$1,500 for newly-eligible congregational leaders

_____ Hardship Grant – \$1-2,000 based on approval by COM

2026 BOP Net Total Actual Cost (12 months) \$_____

The above benefits coverage was for the following pastoral leaders (name and position):

2027 BOP Net Total Projected Cost (12 months) \$_____

The above benefits coverage is for the following pastoral leaders (name and position):

NET BOP Cost Increase (Projected 2027 less Actual 2026) \$_____

Amount of Transitional Grant Requested \$_____

Amount of Incentive Grant Requested \$_____

Amount of Hardship Grant Requested \$_____

Comments (including need for Hardship Grant:

We affirm that our congregation is providing medical coverage for the above employees under the Presbyterian Church Board of Pensions. If applying for an Incentive Grant, we also affirm that our congregational leader(s) are newly enrolled in the Covenant Package of the BOP.

Signature

Date

*Completed Application should be emailed to COM – PTCA at: office@ptcaweb.org
Questions may be directed to: Rev. Chris Chatelaine Samson*