

**Equipment**

**Application for grant support from the District Advance Fund**

**Applicant Details:**

|  |  |
| --- | --- |
| **Circuit:**17/ | **Church (if applicable):** |
| **Correspondent Name:** | **Position held:** |
| **Address:** |
| **Tel. No.** | **Email:** |

**Equipment to be purchased:**

|  |  |
| --- | --- |
| **Equipment to be purchased:** | **For District Use**: |
| **Amount approved:** |
| **Cost:** | **Date Advised:** | **Release Date:** |
| **Grant Requested:** | **Evaluation Requested date:** | **Report received:** |

**Check list for applications.**

*Please confirm that the following are attached:*

*Tick here*

 *if enclosed*

|  |  |
| --- | --- |
| A copy of the Circuit Mission Policy (and Church Mission Policy if appropriate) highlighting the areas of the policies that are relevant to this purchase |  |
| Full accounts for the last financial year for Circuit or church application as appropriate. |  |
| A copy of all invoices representing the total cost of the equipment |  |

**All schemes need to be approved by the Circuit Meeting as well as by relevant
Church Councils before application to the DRMG**

**Please provide answers to the following questions to help us consider your application**

**1. Please give a brief description of why you wish to purchase the equipment and apply for a grant.**

**2. Please give details of any other funding bodies that you intend to apply to or have made application to.**

**3. For Circuit Applications:**

 **a) What is the current Circuit Advance Fund balance?**

 **b) Give details of amounts and purposes already agreed for other schemes by the Circuit Meeting but not yet expended from the above CAF or other balances.**

**4. For Church Applications:**

 **a) Do you have any restricted funds that might be released to support this project? Yes/No**

 **If yes, please give details:**

**5. For all applications:**

 **a) How will you monitor and evaluate the benefits of purchasing and utilising this equipment?**

 **b) Is there any other useful information to support this application?**

**Declaration**

I confirm that the above application has been approved by the Church Council (where applicable) and by the Circuit Meeting at its meeting on / / .

Signed: ……………………………………………………………………….. Superintendent

Date: ……………………………………..

**Submission of Application**

When completed please email this form and all the attachments to the District Grants Officer at

**jennifer.matthews@methodist.org.uk**

*(Please note that we are unable to accept applications on paper. If you need help with scanning or emailing then please speak to your circuit administrator for help with this).*

If the grant requested is in excess of £2,000 then it will be considered according to the timetable on the District Advance Fund leaflet. The District Resourcing Mission Group cannot guarantee to process late applications.

Applications for less than £2,000 will be processed upon receipt and decisions will be made according to funds available at that time.

**Bank Details**

Grants are paid by BACS – please give details of the account into which any approved grant should be paid.

|  |  |
| --- | --- |
| Bank/Building Society Name: | Branch Name: |
| Address: | Sort Code No. |
| Account Name: | Account Number: |