

**District Projects**

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

**for District led projects**

**Applicant Details:**

|  |  |
| --- | --- |
| **Correspondent Name:**  | **Position held:**  |
| **Address** |
| **Tel. No** | **Email** |

**Project Summary:**

|  |
| --- |
| **Project Title:**  |
| **Personnel**  |  |
| **Total Anticipated Cost:** | **For District Use**: |
| **Amount of grant requested** | Amount approved: | Term: |
| **Term of grant required:** | **Single payment** **Or \_\_\_\_\_\_\_\_\_\_\_\_ years:** | Date Advised | Release Date: |
| **Date grant to commence:**  | Evaluation Requested:1.2. | Report Received:1.2. |
| **Please give a brief description of your project:** |

*Please answer the following questions. The spaces given can be expanded as appropriate.*

**Your Vision**

**1. Please provide a clear statement that summarises the mission objectives of the project, stating what you plan to achieve and how you will go about it**

**2. How often to you review your mission statement?**

**3. Please state areas of new work to be developed since the previous grant and any other reasons why we should consider awarding another DAF grant.**

**4. Does your project link to the spiritual development of the District? If so, how?**

**5. How will the project help to fulfil the District Mission Policy/Priorities?**

**6. How will your proposals benefit the local community?**

**7. Does you project involve ecumenical co-operation. If so, how?**

**8. Please list three main outcomes of your project**.

**9. How will you monitor the progress of the scheme, set objectives and measure success?**

**Finance**

**1. What is the District reserves policy?**

**2. Give details of the budgeted income and expenditure and how you hope to meet the total anticipated cost.**

**3. How to you hope to meet your total anticipated cost? Give details below**:

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **Brief Description of Source** | **Amount proposed****£** | **Amount Confirmed****£** |
| In hand |  |  |  |
| Local Fund Raising  |  |  |  |
| Circuit Contributions |  |  |  |
| District Advance Fund |  |  |  |
| Connexional Grant |  |  |  |
| Other external sources |  |  |  |
|  |  |  |  |
|  | **Total:** |  |  |

**4. Is there any other information that is relevant to this application not covered above?**

**Check list for applications.**

*Please confirm that the following are attached:*

*Tick here*

 *if enclosed*

|  |  |
| --- | --- |
| A copy of the District Mission Policy highlighting the areas of the policies that are relevant to this scheme. |  |
| A ‘Project Proposal’/’Business Plan’ setting out the perceived need the project is to address, its specific aims and objectives, support and management strategies etc. |  |
| Any other documents that might help in describing the work  |  |
| Copy of the reserves policy |  |
| A budget of income and expenditure covering each of the years for which the piece of work you hope to do is intending to run. |  |
| A copy of current Job Descriptions for any employees (if applicable) |  |

**Declaration**

I confirm that the above application has been approved by the District Council at its meeting on

Signed: ……………………………………………………………………….. Chair

Date: ……………………………………..

**Submission of Application**

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

**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).*

Please ensure that signed applications are sent to arrive by the deadline date of 30th September.

All applications will then be considered according to the timetable on the District Advance Fund leaflet.

The District Resourcing Mission Group cannot guarantee to process late applications.

Any applications submitted after the main grant decision meeting has taken place, including others received during the year, will be considered according to mission priorities, in the light of any remaining residual funds

**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: |