

**Ecumenical**

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

*Before completing this form please contact the District Grants Officer so that a member of the District Resourcing Mission Group may be allocated to assist you throughout the application and grant making process. All schemes need to be approved by the Circuit Meeting as well as by any relevant Church Councils before an application is submitted.*

**Applicant Details:**

|  |
| --- |
| **Ecumenical Group Name:** |
| **Correspondent Name:**  | **Position held:**  |
| **Address** | **Postcode:** |
| **Tel. No.** | **E-mail:**  |

**Project Summary:**

|  |
| --- |
| **Project Title:** |
| **Personnel / Property / Project***(delete as appropriate)* | **For property schemes please state the Project ID number**: |
| **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 will the project help fulfil your Church/Circuit’s Mission Policy/Priorities?**

**3. How will the project benefit the local community?**

**4. What is the nature of the ecumenical co-operation e.g. level of involvement, who is taking the lead, whether Partnership Agreements are in place etc.**

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

**Finance**

**1. Why do you think it is appropriate to apply for a Methodist DAF grant?**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **Brief Description of Source** | **Amount proposed****£** | **Amount Confirmed****£** |
| **Own Church/Project:** |  |  |  |
| In Hand  |  |  |  |
| Fund raising (proposed) |  |  |  |
| **Grants:** |  |  |  |
| Methodist Circuit |  |  |  |
| Methodist District (DAF) |  |  |  |
| Connexional Grant |  |  |  |
| Other denominations |  |  |  |
| Other external sources |  |  |  |
|  |  | **Total:** |  |

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

**Check list for applications.**

*Please confirm that the following are attached:*

 *Tick here*

 *if enclosed*

|  |  |
| --- | --- |
| 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 or in support of the project e.g. list of amenity users and/’or letters of support from them, lettings policy/charges confirmation letters of other grant providers etc. |  |
| 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. |  |
| Full accounts for the last financial of the applicant group or Local Churches Together body or if proposed by Methodist Circuit then the Circuit accounts together with the ‘Reserve Policy' |  |
| Where the project directly involves the Methodist Circuit a copy of the Circuit Mission Policy and a statement highlighting the areas of the policies that are relevant to this scheme. |  |
| Where the project involves employing someone, a copy of the Job Description and Person Specification |  |

**Declaration**

**Ecumenical Group**

I confirm that the above application has been approved by ……………………………………. (name of meeting) at its meeting held on / /.

Signed Name ……………………………………

Position…………………………

Date

**Church /Circuit**

I confirm that the application has the support of the Methodist Church

Signed ………………………………… Minister or Superintendent

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: |