**Diocese of Llandaff Esgobaeth Llandaf**

**Mission Fund/Community Development Fund**

|  |  |
| --- | --- |
| 1. Lead Church & Ministry Area for this project: | |
|  | |
| 1. Name of Project/Purpose of the grant and value | |
|  | |
| 1. Has the money been spent? | |
|  | |
| 1. How did you measure success for your project? | |
|  | |
| 1. What do you think you did well? | |
|  | |
| 1. What do you think you could have done better? | |
|  | |
| 1. What would you like other Ministry Areas to know, if they are intending to run a similar project? | |
|  | |
| 1. Please signed on behalf of your Ministry Area Committee (MAC) | |
| **Name** |  |
| **Date:** |  |

Please return this form to:

Fund Administrator Tel: 01656 868868

The Diocese of Llandaff

The Court

Coychurch

Bridgend, CF35 5EH