**Diocese of Llandaff Esgobaeth Llandaf**

**Mission Fund/Community Development Fund**

**Important note:** Please complete all questions and enclose all supporting documentation.

o Full Parish/Ministry Area accounts for the past TWO years

o Parish Annual Report or Ministry Area Report

**NB** New Ministry Areas should submit accounts for the constituent parishes for the past two years.

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| **1. Lead Church & Parish / Benefice or Ministry Area for this project:** |
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| **2. Deanery:** |
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| **3. Diocesan Officer(s) supporting the application:** |
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| **4. Details of other churches / partner organizations who may form part of your project:** |
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| **5. Project for which grant is requested: Give a full description of the project, equipment, people etc. Continue on a separate sheet if necessary.** |
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| **6. How does your project reflect local need?** |
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| **7. Cost of Project: Give full detailed budget costs of all equipment, salaries etc. and an overall total, including projected income and expenditure:** | | | |
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| **7a. Total cost of project:** | | |  |
| **7b. How much is the Ministry Area/Lead Church contributing?** | | | **£** |
| **7c. How much are any other project partners contributing? (other churches, deanery etc.):** | | | **£** |
| **7d. How much is available from other sources:**  There have been some grants available in 2019 but the deadlines were earlier in the year | | | **£** |
| **7e. Shortfall**: | | | **£** |
| **7f. Please give full details of other grant making bodies to whom you have** **applied** (the committee will expect you to have sought alternative additional funding wherever possible and details of this should be stated) | | | |
| **Grant Making Body** | **Amount requested** | **Award Received**  **£** | |
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| *(if award awaited please state date of application & expected time of reply)* | | | |
| ***Please enclose your Ministry Area / benefice / church accounts for the past two years and any other relevant financial information.*** | | | |

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| **8. How does the project reflect the development plans of the Ministry Area or Parish**? |
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| **9. How do you know that there is a need for your project? How have you researched and evidenced this?** |
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| **10. Please give details of how you have explored structuring your project in partnership with others. If such options have been explored and subsequently rejected, please clearly explain why.** |
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| **11. When do you propose to start the project?** (The committee cannot consider retrospective applications) |
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| **12. How do you propose to measure the success of your project?** |
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| **13. How will you publicize this project (before, during and after) and how will you share the outcomes with other people?** |
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| **14. Is there any other information that would help the Committee with its decision?** |
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| **15. Give the name, address, email and telephone number of the person through whom the Committee can monitor the project, or address enquiries:** | |
| **Name:** |  |
| **Address:** |  |
| **Post Code:** |  |
| **Tel No:** |  |
| **Email Address:** |  |

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| **16. Grants will be made to your Parish or Ministry Area by BACS transfer. Payments cannot be made to accounts held in individual’s names.** | |
| **Bank Name and address:** |  |
| **Account Name:** |  |
| **Account Number:** |  |
| **Sort Code:** |  |

The committee are unable to consider this application unless all the following declarations have been completed and signed.

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| **17. All parties to sign here before submitting this application form, alternatively email confirmation can be attached:** | |
| **Applicant Name:** |  |
| **Signature:** |  |
| **Date:** |  |
| **Incumbent Name:** |  |
| **Signature:** |  |
| **Date:** |  |

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| **17a. Area Dean** | |
| **I confirm that to the best of my knowledge the information given within this form is accurate and I endorse this application.** | |
| **Signature/**  **e-mail support** |  |
| **Date:** |  |
| **Area Dean’s comments:** | |

Please check that you have:

* Completed all questions fully
* Enclosed ALL supporting documentation
* Full accounts for the past TWO years
* Ministry Area/Parish Annual Report
* Read the Diocesan Mission Fund criteria and considered and explained fully how your project fulfils the requirements of the fund
* Correctly addressed written applications
* Ensured that the application is received in good time.

Closing dates for applications are quarterly:

Applications received after these dates will be considered at the next scheduled meeting of the awarding committee.

* March 31
* June 30
* September 30
* November 30

Please return this form to:

Fund Administrator Tel: 01656 868868

The Diocese of Llandaff

The Court

Coychurch

Bridgend, CF35 5EH