**Diocese of Llandaff Esgobaeth Llandaf**

**Mission Fund/Community Development Fund**

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