**Application for Grant Support from Chelmsford Methodist Circuit**

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| **About the Application** |  |
| Church Name: |  |

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| **About the Correspondent** |  |  |
| Correspondent name: |  |  |
| Email address: |  |  |
| Telephone number: |  |  |

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| **About the Grant** |
| Is the grant for which you are applying primarily in support of  (tick as appropriate)  personnel 🗌 project 🗌 |
| Which Circuit grants criteria are being met in this application? |
| How does this application meet the Church mission plan(s) ( or for each church if the project will be conducted by more than one church)? |
| Which objective in the Circuit mission plan is met by this project? |
| Please give a brief description of the object of the grant application and attach any supporting documentation that you feel would be helpful in describing the work,( which must include the latest Church Mission Plan). |
| Grant applications for employment of Staff for more than 2 years of a projected plan are to demonstrate how staff and their work will continue to be funded after conclusion of the grant. Please state how such funding is expected to be secured after 2 years. |
| What outcomes in terms of mission do you hope to achieve?  Church:  Circuit: |
| How much funding are you applying for ( please refer to thye |Grants criteria)? |
| When would you like the payment to commence? |
| If for more than 1 year? If yes, please give details. f the timings of payments (Salaries for personnel will be paid by the Circuit to the employee) |
| Why do you think the Circuit should support this project? |
| What other Grants have you applied for?  Connexionnal:£  District:£  Other:£  (please state when applications will be decided) |
| Please attach a budget of income and expenditure covering each of the years of the project for which application is being made and a copy of the church or circuit accounts for the last complete connexional year. |

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| **About the current financial situation** |
| Please provide below the current balances in all accounts held to the order of the church. |
| How much is it expected will be contributed by the local church to this project?  If fund raising is needed what events have been planned and the targeted financial outcome of each. |

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| **Declaration** |
| NB. All applications need to be approved by the Church Council prior to the application being made.  I confirm that the above application has been approved by the church council on …………………………and I am duly authorised to make this application.. |
| The applicant should insert their signature or type their name in the box below to confirm the information is correct. |
| The Church Council agrees to fulfil the Monitoring, Evaluation and Learning requirements as laid out in the Circuit Grants Policy. ***We understand that*** ***any unspent grant funding will be required to be repaid.*** |
| Signature of Applicant  Date |
| Signature Church Treasurer  Date |
| Signature Minister  Date |
| *When completed, the form should be sent by email to the Circuit Administrator at* [*karen.murrell@chelmsfordcircuit.org.uk*](mailto:karen.murrell@chelmsfordcircuit.org.uk) *for distribution to the Circuit Grants Committee 7 days prior to a Grants Committee meeting.* |