

**Mission Project Grant Application Form**

Please read the guidelines before completing this application form.

**1. Basic Information**

|  |  |
| --- | --- |
| Applicant Name: Church / Group |  |
| Association: |  |
| Geographical Area of project |  |
| Contact Person |  |
| Address |  |
| Telephone |  |
| Email |  |

|  |  |
| --- | --- |
| Project Name |  |
| Funding for: |  Years \_\_\_\_ (up to 3)  |
| Grant amount requested:  |  Year 1 \_\_\_\_\_\_ Year 2 \_\_\_\_\_\_ Year 3 \_\_\_\_\_\_ |

For Office Use Only:

|  |  |  |  |
| --- | --- | --- | --- |
| Reference number: |  | Amount paid |  |
| Date received: |  | Response |  |
| Application acknowledged |  | Report requested |  |
| Mission Board |  | Report received |  |
| Grant amount agreed |  |  |  |
| Amount paid |  | Report Acknowledged |  |

**2. The Project**

|  |
| --- |
| Please give a brief description of project and attach any supporting papers that may be provide further explanation. How would you describe the ‘mission value’ of this project? |

|  |
| --- |
| How does this project support the mission strategy of the local church(es)?Who are the other partners in this project?What are the key developments hoped for over the grant term (1 -3 yrs)?What plans are in place to measure this? |

**3. Costs**

Please provide a budget for the project showing the projected income and expenditure for the grant term (1-3 yrs).

If appropriate, please submit additional paper work or use the table below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Expenditure** | Year 1 | Year 2 | Year 3 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **TOTAL** |  |  |  |
|  |  |  |  |
| **Income** | Year 1 | Year 2 | Year 3 |
| Local church(es) contribution |  |  |  |
| Association contribution |  |  |  |
| Other funding sources: |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **TOTAL** |  |  |  |

If relevant how do you propose to finance the *ongoing* work of this project?

Please enclose a copy of your most recent accounts\*

\*Church / Association / Group

*Where possible this should include the account for all partners in the project*

If your accounts indicate that you have funds to resource this project please explain why you are applying for this grant.

3.5 When will you need this grant?

Please provide the named bank account details to which the grant should be paid

Bank Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number: \_ \_ \_ \_ \_ \_ \_ \_ Sort Code: \_\_ \_\_ \_\_

We agree to submit a full report within 12 months of the grant being paid and understand that no further grant can be paid until this has been reviewed.

Signed .............................................................
(Applicant)

 .............................................................
(Minister / Church Officer/ Chair)

On behalf of .............................................................

When completed please send this form to:

**Rev Simeon Baker, Director of Mission,
Baptist Union of Wales, Y Llwyfan, College Road, Carmarthen, SA31 3EQ.**

**Tel: 01267 245660 email: simeon@ubc.cymru**