**Model Trust Fund: Grant Application Form**

**YOUR GROUP/ORGANISATION DETAILS FINANCIAL YEAR: 2018/18**

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| **1. Name of person(s) making application** | **2. Name of Church, Group, Organisation** |
|  |  |
| **3. Position Held in Group/Organisation:** |  |
| **Address of applicant:** | **Address of Church, organisation or group:** |
| **Tel:**  | **Tel:**  |
| **E-mail:**  | **Web:**  |
| **4. Please give a brief description of your group/organisation:** |
| 1. **What is the status of your group/organisation? (Please tick all that apply.)**

**Local Church Circuit**  **Registered Charity Voluntary Organisation**  **Community Group Tenants Association**  **Company Other, please specify ………………...** **If Charity, please give Charity Number ……………………** |
| **6. Does your Group/Organisation have a Constitution or Memorandum of Articles of Association?** **YES  NO If YES, please enclose a copy**  |
| **7. Does your Group/Organisation have a bank account? YES NO**  **Please Note: a grant will only be payable into a Bank Account of the same name as the organisation making the grant application. If you do not have a bank account this will need to be set up prior to a grant being offered or any payment being made.** |
| **8. Does your Group/Organisation have adequate public liability insurance to cover the proposal for funding?** **YES NO**  |

**DETAILS OF PROPOSAL FOR FUNDING**

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| **9. Please provide a full description of the proposal for funding (please continue on additional sheet if required)****What is the proposal?****How was the need for this identified? (e.g. Church Council, Parish Council Meeting, Survey)****Location of delivery****Who will benefit from it?****If appropriate, please quantify impact of benefit (e.g. number of people benefiting)****When will it be delivered?****What other organisations/partners will be involved?****If the planned expenditure is ongoing, where will the funding come from in the future****10. Please tick the appropriate box(es) below to demonstrate how this proposal supports the Circuit’s strategic priorities. Your application will be scored according to the benefits demonstrated.** **This proposal will:**\_\_ Be work that involves, or has the potential to involve, several Churches, not simply local work.\_\_ The project takes place in one location but the outcomes will benefit the wider Circuit.\_\_ The Project takes place in one location but the work is mission focussed and targets an aspect of society outside church culture where the applicant’s specific geographic or demographic situation gives access to situations with the potential to achieve a very high impact.\_\_ The Project takes place in one location but is an ecumenical partnership which has the potential to demonstrate a very high impact for the wider Connexion.\_\_ The Project seeks to develop our Methodist heritage\_\_ Support the work of the Circuit |
| **11.We need to ensure that you have checked any permissions required for your proposal.** **Does the proposal support the Circuit’s main purpose? YES NO**  **Does the proposal conflict our Methodist purposes? YES NO**  **Do most of the people benefitting live in Tynedale? YES NO**  **Does the proposal provide financial assistance to others? YES NO**  **Has the activity already taken place? YES NO**  **Have you had a grant from the Circuit within the last 3 years? YES NO**  |

**GRANT DETAILS**

**12. Please set out the estimated cost of the activity**

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| **Item of expenditure** | **Cost****£** |
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| **Total Cost** |  |

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| **13. How have the above costs been estimated?**  |
| **12. 14. Will this grant cover all costs of the proposal? Yes No** **If No, how do you intend to fund your proposal? Have you been able to secure funding from other sources? Please give details of all funding either secured or applied for** |
| **Source of Funding** | **Current Status****(secured** **or pending)** | **Total****£** |
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| **Total** |  |

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| **15. If the funding is not received from the Circuit, how will the proposal proceed?** |

**16. What was the income of your Church/group/organisation last year, and what, if any, are your current balances?**

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| **17. Please provide any other information that you feel is relevant to this grant application.**  |

**SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAME (Please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Please return form to: Rev. Paul Dunstan, Superintendent Minister, Westfield, Westfield Terrace

# Hexham, Northumberland NE46 3DJ revpauldunstan2016@outlook.com

**Please note: No expenditure should be incurred before confirmation of grant allocation. Retrospective applications will not be considered.**