

## Grant Application Form

<b>Project Title</b>	
Project Consents ID (if required)	
Applicant Organisation / Name of Church	

### Correspondent for Application

Name	
Role	
Email & Telephone	
Address	

In the section below, please give a brief description supporting your case for a grant to be approved.

<p>What is the nature of the project:</p>   
<p>Project costs:</p>   
<p>Amount being applied for:</p>  
<p>Have you applied for other sources of funding: Circuit / District / other Please give details indicating what is applied for and what is confirmed.</p>   
<p>Please attach additional evidence for application:</p> <ul style="list-style-type: none"> <li>i. Details of your reserves and last annual audited accounts</li> <li>ii. Church profile including size of congregation and building uses</li> </ul>
<p>Please Note: If the application is towards a project on the Consents website once a grant has been agreed you should include it as part of the project funding and the payment should be requested via the payments tab once the Project has been given final consent.</p>

This section requires you to clearly show all the plans you have in place to ensure a successful project.

How will the works further the mission aims of the church?

Explain why you are confident that your organisation (or the people involved) will be able to carry out the project well, giving details of experience and knowledge of the team you have.

How will you achieve the outcomes of this project? Please show how your outcomes will take your organisation into the future and who will benefit.

What will happen when this grant finishes? If your project will be completed within the duration of this grant, please explain your exit strategy. If the project is to continue after the duration of this grant, please explain how it will be funded as TMCP funding will not normally be available for on-going projects.

<b>Circuit Approval/ CLT approval</b>	<i>Three Signatures Required – Superintendent and member of the CLT together with the Treasurer.</i>
Superintendent (Print Name)  Signature	.....  ..... Date.....
Treasurer (Print Name)  Signature	.....  ..... Date.....
CLT member (Print Name)  Role  Signature	.....  .....  ..... Date.....
Circuit Comments Regarding the Application:	

When completed, please email or post to:  
[bandh2411@gmail.com](mailto:bandh2411@gmail.com)  
**The Circuit Administrator, 39 Petherick Road, Bude, EX23 8SQ**  
with supporting documents as applicable