# Funds for Mission

## Application Form

Application Form to use when applying for Funds for Mission. Please use the Guidelines for Applicants when completing this form.



**CREATED ON: November 2019**  
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# Application Form for Funds for Mission

Please return this Application Form (preferably electronically) to Sue Thorold. If you need advice or help when completing the form please email [sue.thorold@truro.anglican.org](mailto:sue.thorold@truro.anglican.org) or phone her on 01872 247216. The Mission Funding Team will consider an application within two weeks of Sue receiving the form and all other necessary documents.

## Contact Details

|  |  |
| --- | --- |
| **Project Name:** |  |
| **Applicant Body (i.e. PCC)** |  |
| **Contact name:** |  |
| **Address:** |  |
| **Telephone No.:** |  |
| **Email:** |  |

## 2. Information about your Project

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| --- |
| 1. **What are the mission Aims and Objectives?** |
|  |
| 1. **How will this project reach people on the margins of, or outside, the church?** |
|  |
| 1. **How do you know there is a need for this project?** |
|  |
| 1. **How does the project fit with the Diocese of Truro’s Vision** |
|  |
| 1. **What is the geographic area in which the project will operate?** |
|  |
| 1. **Is the project time-limited or on-going? If on-going please detail how you will ensure its sustainability.** |
|  |
| 1. **How and with whom will you be working in partnership to achieve this project’s aims?** |
|  |
| 1. **How do you intend to publicise and market this project?** |
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## Finance and Budgeting

|  |  |
| --- | --- |
| **Expenditure** | **£** |
| **Salaries (inc. NI, etc..)** |  |
| **Rent** |  |
| **Heating, Lighting, telephones, etc..** |  |
| **Other (please state)**  **Enter text here.** |  |
| **Enter text here.** |  |
| **Enter text here.** |  |
| **Total Expenditure (A)** |  |
| **Income** | **£** |
| **Own funds** |  |
| **Other sources of income** |  |
| **Enter text here.** |  |
| **Enter text here.** |  |
| **Enter text here.**xt. |  |
| **Total Income (B)** |  |
| **Total Grant requested (A-B)** |  |

**\*\* Please ensure ALL calculations are correct**

## 4. Monitoring and Reporting

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| 1. **Who will be managing and overseeing the project?** |
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| 1. **How will you measure whether the project has been successful?** |
|  |

Please attach the following if applicable:

Job description(s) and sample contract(s) of employment (for each person) if employing someone.

Please ensure and indicate that you have the following documents/ procedures in place:

☐ Equal opportunity - Yes

☐ Safeguarding / Child protection procedures - Yes

☐ Adequate insurance - Yes

**Applicant’s name:**

**Name of supporting Parish Priest or Rural Dean:**