UNITED REFORMED CHURCH WEST MIDLANDS SYNOD
MISSION PROJECT APPLICATION FORM

GUIDELINES

Local Churches can apply to the Synod for financial assistance towards the achievement of Mission Pledges. Please read the Mission Fund Guidelines (revised July 2014) before completing your application. The completed form should be sent to the West Midlands Synod Office together with the following information: -

- A copy of the Church accounts for the most recent financial year.
- A copy of the Church Minutes agreeing to the proposal.
- For applications involving the employment of staff, a copy of the job description, person specification, and a statement on how the person(s) will be recruited. .
- For applications in excess of £20,000, a detailed project plan

If you need any assistance in completing these forms please contact the Finance Officer.

Church Number	**Church Name**		
Contact Name:			
Address:			
Telephone No:		**Email:**	

PROJECT DESCRIPTION

Project Title/Mission Pledge
Brief Description: Include aims and objectives

Main Beneficiaries:
Who will be responsible for running the project?
Mission: How does the project express one of more of the Vision 2020 mission outcomes?
How will the Mission pledge be achieved?
What is your Mission Statement?
What are the ecumenical implications of this project?
What are the multi-cultural implications of this project?

Evaluation: How will the project strengthen and extend the life of the Church?

	Year 1	***Year 2***	***Year 3***	***Total***
How much will your project cost?	£	£	£	£
How much do you already have in available funds that can be used in this project?(Please clarify if necessary)	£	£	£	£

How much are you seeking from the Mission Fund?				
	Year 1	***Year 2***	***Year 3***	***Total***
	£	£	£	£

The Mission Fund grant will be for up to 50% of the proposal's cost INCLUDING volunteer time. ***How will you raise the rest of the money****?*

Probable sources of funding	***Year 1***	***Year 2***	***Year 3***	***Total***
	£	£	£	£
	£	£	£	£
	£	£	£	£
	£	£	£	£
	£	£	£	£
Possible sources of funding	***Year 1***	***Year 2***	***Year 3***	***Total***
	£	£	£	£
	£	£	£	£
	£	£	£	£
	£	£	£	£
	£	£	£	£

How will the project be sustained/ continued beyond the period of funding- please list all funding sources and amounts.
Has this funding already been secured?
Any other information you feel would support the application

Please Note: The Mission Fund will expect a representative from the church to attend the next available Mission Fund meeting unless advised otherwise or the value of the request does not warrant attendance.

Dated: _____	**Signed** _____ **PLEASE PRINT NAME** _____ **Position** _____

Please return your completed forms and requested information to: -

The Finance Officer,Synod Office, Digbeth-in-the-Field United Reformed Church,
Moat Lane, Yardley, Birmingham B26 1TW