# C:\Users\Hugh\Documents\Consultancy\Southwark Diocese\Operational\DTP Logos etc\diocese fatv2.jpg

# Diocese of Southwark: Mission Team

# Small Grants for Children and Young People’s

# Mission and Ministry Training & Projects

## Application Form

## Before completing the form, please read the criteria for the allocation of grants.

1. **Name of church/organisation: ………………………………………………………………………**

# Address: .………………………………………………………………………………………………………..

**2 Your contact details**

# Name: ………………………………………………………………………………………………………..……

# Phone: …………………………………………………………………………………………………………….

 **Email: …………………………………………………………………………………………………………….**

1. **The proposal:**
	1. **Give a brief outline of how this grant will be used to grow or restart your children, youth or families ministry. How does this grant help you to grow your ministry through gathering children, young people and/or their families, sharing Jesus and/or discipling children, young people and their families?**
	2. **When will this happen? Please give dates :**
	3. **Which ministry/ ministries is the grant for?**

**For example: Children, youth and/or families?**

* 1. **What are the planned outcomes that you would give thanks to God for in your ministry with children, youth or families as a result of receiving the grant? How might receiving this grant help you to grow younger and more diverse?**
1. **Total cost of what you would like to do:**
2. **Amount of grant money requested to carry out your plans. Please provide a breakdown of costs:**
3. **Bank account details (must be church/organisation):**

**Name of bank: ……………………………………………………………………………………………….**

**Exact name on account: ……………………………………………………………………………….**

**Account Number: ………………………………………………………………………………………….**

**Sort Code: ……………………………………………………………………………………………………..**

**7 Your signature: ..…………………………………………………………………………………………..**

**Position in organisation: ………………………………………………………………………………..**

**Date: ……………………………………………………………………………………………………………….**

**8 Endorsements**

**This application must have been discussed and agreed with your PCC / Line Manager / Incumbent / Associate Priest**

**Endorser’s name: …………………………………………………………………………………………….**

**Position in organisation: ..…………………………………………………………………………….**

**Signature: …………………………………………………………………………………………………………**

**Date: ……………………………………………………………………………………………………………….**

**9 Diocese of Southwark Approval: Date:**

**NOTE: Both original signatures must be included and should not be typed.**

Please return a signed and scanned version of this form to the Mission Team Administrator by email: Mission@southwark.anglican.org