**Bwrdd Cyllid Esgobaeth Tyddewi St Davids Diocesan Board of Finance**

Swyddfa’r Esgobaeth Diocesan Office

Abergwili, Caerfyrddin SA31 2JG Abergwili, Carmarthen SA31 2JG

Ffacs / Fax: 01267 234754 Ffôn / Tel: 01267 236145

Ebost / Email: Diocese.stdavids@churchinwales.org.uk

Ysgrifennydd yr Esgobaeth **Mr Howard Llewellyn**  Diocesan Secretary



**LOCAL MINISTRY AREA INITIATIVE GRANT**

**APPLICATION FORM**

Section 1 – HOW CAN WE CONTACT YOU?

**Details of the Contact Person:**

|  |  |
| --- | --- |
| Name:  |  |

|  |  |
| --- | --- |
| Address: |  |

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Post Town: |  | Post Code: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Daytime Tel No: |  | Evening Tel No: |  |

|  |  |
| --- | --- |
| E-mail:  |  |

**Position in Local Ministry Area:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Section 2 – ABOUT YOUR LOCAL MINISTRY AREA PROJECT / INITIATIVE

What is the aim / objective of your proposed initiative?

Please describe your proposal and indicate how it fulfils the Local Ministry Area Initiative criteria:

How does it fit with your overall Local Ministry Area Strategy?

Who will be responsible for delivering the project and spending the money?

Who will be responsible for spending and accounting for the funding?

How do you propose to implement and assess the project?

Section 3 – FINANCING THE PROJECT

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Year 1 | Year 2 | Year 3 | TOTAL |
| How much will the project cost? |  |  |  |  |
| Grants / Awards from other sources |  |  |  |  |
| Other Funds? e.g. local fundraising |  |  |  |  |
| How much grant are you seeking? |  |  |  |  |

Please Itemise All Costs:

Detail Funding from Other Sources:

Section 4 – YOUR MINISTRY SHARE

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Are all the Churches within the Local Ministry Area up- to- date with Ministry Share payments? |  |  |

**If NO, what plans are in place to clear any arrears?**:

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Has your Archdeacon been informed about your initiative? |  |  |
| Does the application have the endorsement/support of the LMA forum? |  |  |
| Are children, young people and/or vulnerable adults involved in this initiative? |  |  |
| If **YES** to the above – Is your Safeguarding Policy in place and up-to-date? |  |  |
| Food preparation and/or dispensing, where applicable – Have all hygiene and food safety regulations been complied with? |  |  |
| Have all other regulations relevant to the initiative been complied with? |  |  |

Please REMEMBER to attach a copy of the most recent ACCOUNTS

Section 5 – COMPLETING YOUR APPLICATION

**SIGNED**: Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Local Ministry Area Leader/Forum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Payee Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please send your COMPLETED Application, with your Safeguarding Policy** **and a copy of the most recent Accounts** (if applicable) **to:**

Mrs Nia Evans, Finance Officer,

St Davids DBF, Diocesan Office, Abergwili, Carmarthen SA31 2JG

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**OFFICE USE ONLY**

**Application Approved?** YES / NO

**Amount Approved**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date Approved**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_