**Funding Application**

Email application and supporting documents to: wimala.treasurer@sa.uca.org.au

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| **APPLICANT** *(Congregation OR Faith Community)* |
| **Congregation Name:** |       |
| **Contact Name:** |       |
| **Address:** |       |
|  |        |
|  |  |
| **Email address:** |  |
| **Phone:** | Work:       | Mobile:       |  Other:       |
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| **PROJECT NAME** |
|       |
| **DESCRIBE PROJECT IN DETAIL** |
| If there is insufficient space, please attach a sheet with further details.      |
| **REASON FOR GRANT REQUEST** |
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| **FUNDING FOR PROJECT** |
| The project is expected to take       months at a total cost of $      |
| **Presbytery funding requested** | $       | Commencing |       date |
| Self-funding component | $       |  |  |
| Other funding being sought | $       | From where? |       |
| *Total* | $       |  |
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| **COMPONENT COSTS OF PROJECT** *(list all major cost components)* |
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| **MISSION PLAN** (of Applicant’s Church or Church Organisation) |
| Is this project in accord with your organisation’s Mission or Business Plan? Yes [ ]  No [ ] Indicate Yes or No and give the reasons for your answer. |
|      \*Attach a copy of the relevant plan if applicable. |
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| **OBJECTIVES / OUTCOMES**List the anticipated objectives and outcomes from this project, who will benefit and how. Attach extra page if needed. |
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| **APPLICATION SIGNATURES** |
| **Signature of Contact Person** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_**Signature of Church Council Secretary** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |
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| **WIMALA PRESBYTERY USE ONLY** |
| Specialist area report. (e.g. Pastoral Relations, Regional Hub, Property, other)      |

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| **PRESBYTERY RECOMMENDATION**  |
|      Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |