



Application for a grant towards Staffing

Project Title		
Applicant Organisation / Name of Church		
District name		District Number
Circuit name		Circuit Number

Correspondent for Application

Name	
Role	
Email & Telephone	
Address	

In the section below, please give a brief description supporting your case for a grant to be approved.

Details of the District, Circuit or Church to which the staffing role applies.

Please include details of the Job Description and how this is a new development.

Financial and Timing Summary	
Anticipated Start Date	Anticipated End Date
TOTAL Amount applied for	£
Please note: Grants will be for 'priming the pump' of an appointment but not for on-going funding.	

TMCP Discretionary Grant towards Staffing

Have you applied for other sources of funding : Circuit / District / other

Please give details including what is applied for and what is confirmed.

Please attach additional evidence for application :

- i. Details of your reserves and last annual audited accounts
- ii. Church profile including size of congregation and building uses

This section requires you to clearly show all the plans you have in place to ensure a successful project.

How will the appointment further the mission of your Church/Circuit/District?

Explain why you are confident that your organisation (or the people involved) will be able to carry out the project well, giving details of experience and knowledge of the team you have.

How well you achieve the outcomes of this project? Please show how your outcomes will take your organisation into the future and who will benefit.

TMCP Discretionary Grant towards Staffing

What will happen when this grant finishes? If your project will be completed within the duration of this grant, please explain your exit strategy. If the project is to continue after the duration of this grant, please explain how it will be funded as TMCP funding will not normally be available for on-going projects.

District Approval	<i>Two Signatures Required – District Chair and one other officer</i>
District Chair (Print Name) Signature Date.....
Other District Officer (Print Name) Role Signature Date.....
District Comments Regarding the Application	

When completed, please return to:
Trustees for Methodist Church Purposes, Central Buildings, Oldham Street, Manchester M1 1JQ