**Small Grants Application Form**

Last updated July 2024

**About Your Church / Organisation**

\*This must be the Church or Organisation responsible for delivering the project, managing the grant, and employing any staff, with whom a CSA grant agreement will be made.

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| --- | --- |
| **Parish Church\* / Organisation\* Name:** |  |
| **Main address and Postcode of  Church / Organisation** |  |
| **Principal parish of project** |  |
| **Principal parish contact** |  |
| **What type of organisation are you?** *(double click on the relevant box, to open a menu and then change the ‘default value’ from ‘unchecked’ to ‘checked’).* | Parish Church  Registered Charity  CIO  Co-operative  Community Group  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(please state)* |
| **Registered Charity / CIO number** |  |
| **Please describe the main purpose of your church / organisation** (100 words max) | |
|  | |

**Main Contact Person for Application**

|  |  |
| --- | --- |
| **Name** |  |
| **Position in Church / Organisation** |  |
| **Postal Address** |  |
| **Email address** |  |
| **Phone Number:** |  |

**About your project / proposal**

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| --- | --- |
| **Name of Project** |  |
| **When would you like your project to start?** |  |
| **How much are you asking CSA for and over how many months?** |  |
| **Please provide a summary of the vision for your project/proposal, explaining what you want to use the grant funding for and what activities this will enable** (300 words max) | |
|  | |
| **When will your project run, how often will it run and how many people are you likely to work with?** (100 words max) | |
|  | |
| **What is the need for your project/proposal and how do you know this?** Please tell us about any research and/or consultations you have undertaken with the people who will benefit from your project/proposal and what you learned.(250 words max) | |
|  | |
| **Describe how you will work with other organisations (and which organisations) to enhance the effectiveness of your project/proposal.** (200 words max) | |
|  | |
| **What specific differences do you hope your project will achieve and how will you measure and evidence these?** (200 words max) | |
|  | |
| **Enhancing Anglican Mission:** Please tell us how this project will enhance Anglican mission; the Anglican Parish Church that is responsible for the project/ to which the project is linked; the nature of Anglican congregation involvement; what the Anglican Parish church hopes to learn from this work; and how this project relates to the Parish Church’s Mission Action Plan and the 5 Marks of Mission?(250 words max) | |
|  | |
| **Health & Safety/ Safeguarding**: Please tell us how you will manage current Health& Safety / Safeguarding requirements that are in place, to enable you to safely deliver the proposed project. (200 words max) | |
|  | |

**Funding for your project**

How much will your project cost? *Please list the total cost of the project in the ‘Total Cost’ column and only include those elements you wish CSA to fund in the ‘CSA Grant Cost’ column and the amount you are requesting from us.*

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| --- | --- | --- |
| **Project Element/Activity Description** | **Total Cost** | **CSA Grant Cost** |
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|  |  |  |
|  |  |  |
| **TOTAL** |  |  |

|  |  |
| --- | --- |
| **If the total cost is greater than the amount that would be funded by the grant, where is the additional funding coming from?** | |
|  | |
| **Bank account name, sort code and account number, and bank for a BACS payment** *(if successful):* | Name  Sort code  Number  Bank |

**Declaration**

**Signatory One**

This must be the person named as your main contact above.

‘*I declare that the information given on this application form is accurate to the best of my knowledge and that I am authorised to submit this application. I understand that I must notify MDCSA of any significant changes to the application and that misleading information can invalidate this application.*

*I understand that you may contact me during assessment. I can confirm that I am authorised by the organisation for this purpose and that you may rely on any further information supplied to you by me*.’

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |  | **Position in Org:** |  |
| **PRINT Name:** |  | **Date:** |  |

**Signatory Two**

This should be the Vicar/chair of your trustee board or person of similar authority in your organisation. This person must be different to signatory one.

‘*I confirm that this application has been authorised by the PCC/management committee or other governing body*.’

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |  | **Position in Org:** |  |
| **PRINT Name:** |  | **Date:** |  |

**Submitting Your Application**

Please check all the boxes below to confirm that:

you have attached your most recent accounts (if your project has been established for less than 12 months, please submit a projected income/expenditure for your first year).

you have answered all the questions in this application (please note that missing information may delay a decision being made on your application).

you are authorised to apply for a grant from us on behalf of your organisation.

you understand that if you make any misleading statements or knowingly withhold any information, this could make your application invalid and you could be liable to repay to us any monies granted to you.

if awarded a grant, you understand that the grant must only be spent on the activities/resources outlined in this application; and you agree to complete a report on the grant activities, differences achieved, learning and expenditure.

Please submit completed application forms and your most recent accounts via email to[**csa@manchester.anglican.org**](mailto:csa@manchester.anglican.org)

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| **For office use only** | |
| Date received | Reference number |
| Distribution date | Decisions |