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|  | **Grant Application for Feasibility Funding** |

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| **Project Title** |  |
| Project Consents ID (if logged) |  |
| Applicant Organisation / Name of Church |  |
| District name |  | District Number |
| Circuit name |  | Circuit Number |

**Correspondent for Application**

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| Name |  |
| Role |  |
| Email  |  |
| Telephone |  |
| Address |  |

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| **1. Description of the current church site/potential church site (with a plan), its current use and the limitations of the current church site that the managing trustees are seeking to address.** |
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| **2. What are the key ministry and missional needs that the local Church has identified (if not set out in the mission development plan)? How does this fit within the Circuit mission development plan?** |
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| **3. If disposal is being considered, what is the managing trustees response to the 9 questions listed in the** [**Strategic Guidance Notes for use of Property & Mission**](https://www.methodist.org.uk/for-churches/property/property-mission/)**?** |
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| **4. What is the vision of the local Church/Circuit in respect to the current church buildings or any potential building/land that might be purchased? How will this vision be seeking to further Our Calling?** |
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| **5. What possible partnerships, as set out in the** [**Strategic Guidance Notes for use of Property & Mission**](https://www.methodist.org.uk/for-churches/property/property-mission/)**, are being explored? If not, why aren’t these partnerships being explored?**  |
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| **6. Explanation of how the feasibility funding will be utilised by the managing trustees** **(cost estimates should have be obtained prior to making applications).** |
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| **7. How is the other 40% of the funding being provided?** |
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| **To be included with the Application:*** Copy of local Church mission development plan and Circuit mission development plan
* Copy of District Development/Mission plans (or draft if not finalised)
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| **District Approval** | *Two Signatures Required* *– District Chair and one other officer* |
| District Chair (Print Name)Signature | .......................................................................................................................... Date........................... |
| Other District Officer (Print Name)RoleSignature | ....................................................................................................................................................................................... Date........................... |
| District Comments Regarding the Application: |

When completed, please return to:

**olugunnaa@methodistchurch.org.uk**

with supporting documents