Methodist Church Logo

Newcastle upon Tyne District

**Small Grant Application Form for District Support**

**(Grants up to £1,000)**

**SECTION 1: Applicant details**

|  |  |
| --- | --- |
| **Name of applicant** |  |
| **Circuit, Church or Organisation** |  |
| **Telephone number/Mobile** |  |
| **Email address** |  |
| **Postal address** |  |

**SECTION 2: Grant Support requested**

|  |  |
| --- | --- |
| **Title of Project** |  |
| **Amount requested** |  |
| **Start & end date** |  |

**SECTION 3: Outline of Project**

*Please describe what the small grant is for, justifying the amount requested and any other funding support obtained. (500 words max.)*

|  |
| --- |
|  |

**SECTION 4: Circuit/Church applications where appropriate.**

1. **Circuit applications:**

*Please provide below the current balances in all the accounts held by the Circuit, other than the Circuit Advance Fund/Model Trust.*

|  |  |
| --- | --- |
| ***Circuit Account*** | ***Balance*** |
|  |  |
|  |  |

1. **Church applications:**

*Please provide current balances in all the accounts, including Model Trust Funds at TMCP, held by the Church.*

|  |  |
| --- | --- |
| ***Church Account*** | ***Balance*** |
|  |  |
|  |  |

1. **For all applications:**

|  |  |
| --- | --- |
| **What is the current Circuit Model Trust balance?** |  |

|  |
| --- |
| **Is any Model Trust income and capital currently used or committed within the Circuit? If ‘Yes’, please give details of amounts and use.** |
|  |

1. **Circuit Meeting Approval (if applicable):**

**The application was approved by the Circuit Meeting held on:**

**Superintendent Minister:**

Signed: Print name:

Date:

**Circuit Treasurer:**

Signed: Print name:

Date:

**SECTION 5: Applicant Signature:**

Signed: Print name:

Date:

**SECTION 6: Bank/CFB Account Details**

To facilitate the transfer of funds into a bank or CFB account, please complete the following information:

|  |  |  |  |
| --- | --- | --- | --- |
| **Account Name** |  | | |
| **Name of Bank** |  | | |
| **Bank Account no.** |  | **Sort Code** |  |
| **CFB Account no.** |  | | |

**SECTION 7: Report back**

The District Property and Finance Executive require a report back on your project when it is completed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please send the completed Application Form by* ***email*** *to:*

*Margaret Graham, Newcastle District Grants Officer at* [*newcastledistrictgrants@gmail.com*](about:blank)

*A* ***signed*** *paper copy of the completed Application form should also be sent by post to:*

*Margaret Graham, Newcastle District Grants Officer,*

*c/o 1 Rectory Avenue, Gosforth, Newcastle upon Tyne NE3 1XS*