

**TINY GRANT APPLICATION FORM**

Tiny Grants were introduced in 2021 to provide a simple application process for small grants up to £1000 to support missional activities across the Synod. As the Synod Executive wants to ensure that resources are shared fairly across the Synod, multiple Tiny Grants applications will not be considered for the same missional activity; other funding streams may be available/more appropriate.

**Basic Contact Details**

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| **Name** |  |
| **Church** |  |
| **Your Address** |  |
| **Your Telephone** |  |
| **Your Email** (email is the preferred method of communication) |  |

**Type of Missional Activity**

Mission, evangelism or outreach [ ]
Community Initiative(s) to meet local need(s) [ ]
Justice, peace and the integrity of creation [ ]

**Project Details**Please describe your project. (See Tiny Grants Policy - Process section for information on what to include in this section) Please continue on a separate sheet if necessary.

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**Grant Criteria –** (please see Tiny Grant Guidelines for further information)How does this project develop discipleship?

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How does this application promote collaborative working?

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How does this application embrace the Synod’s Environmental policy?

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How does this application feed into the vision the church has for the future?

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When do you expect this project to take place? (Please give dates where possible)

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| Date:  |

**Financial Details** (This information can be provided on a separate sheet if required).
Please detail the anticipated costs associated with the proposed project, providing estimates/quotations as required.

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Have you applied for a Tiny Grant in the last 3 years? If so, please give dates and amounts awarded.

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| £ |

Have you secured/applied for any additional sources of funding or voluntary in-kind support? (including a contribution from the church) Yes [ ]  No [ ]

If yes, please detail those contributions here.

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**Total amount of grant applied for** (anticipated costs less funding already secured)

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| £  |

**Payment Information**To enable payments to be made to the group main contact or church, please complete the information below. The preferred method of payment is by BACS transfer.

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| --- | --- |
| Account Name |  |
| Sort Code |  | Account Number |  |
| If payment by cheque is required, please give details of the payee and postal address: |

**Signatures:**

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| I request the above grant on behalf of our church: (if completing digitally, please insert an image of your signature if possible) |
| Name of applicant: |  |
| Signature: |  |
| Date: |  |
| I confirm that support for this application was given at an Elders/Church Meeting and a copy of the record of this meeting is attached/enclosed.(if completing digitally, please insert an image of your signature if possible) |
| Date of Elders/Church Meeting: |  |
| Name & position within church: |  |
| Signature: |  |
| Date: |  |

**For Office Use Only – Authorisation**

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| I support this application and authorise a grant of  | £ |
| Name & Position: |  |
| Signature: |  |
| Date: |  |

**Please include any additional documentation relevant to your application**

**Further advice on Grants can be obtained from either:**

**Lucy Cooke, Learning & Development Officer** **lucy.cooke@northern-synod.org**

**or the Tiny Grant Administrator**