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

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) \Box			
Justice, peace and the integrity of crea	tion		
Please describe your project. (See Tiny Grant	ts Policy - Process section for information on what to separate sheet if necessary.		
Project Details Please describe your project. (See Tiny Grant include in this section) Please continue on a section			
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Grant Criteria – (please see Tiny Grant Guidelines for further information)		
How does this project develop discipleship?		
How does this application promote collaborative working?		
How does this application embrace the Synod's Environmental policy?		
How does this application feed into the vision the church has for the future?		
When do you expect this project to take place? (Please give dates where possible)		
Nate:		

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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.				
Have you applied f awarded.	or a Tiny Grant in the l	last 3 years? If so, please	give dates and amounts	
£		_		
•	/applied for any additio oution from the church)	onal sources of funding or v) Yes □ No □	oluntary in-kind support?	
lf yes, please deta	il those contributions h	ere.		
Total amount of g	rant applied for (antio	cipated costs less funding	already secured)	
£				
• •	ts to be made to the gr	roup main contact or churc of payment is by BACS tra	•	
Account Name				
Sort Code		Account Number		
If payment by che	Lequired, please	e give details of the payee	and postal address:	

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Signatures:

I request the above grant on to (if completing digitally, please	pehalf of our church: insert an image of your signature if possible)				
Name of applicant:					
Signature:					
Date:					
the record of this meeting is a	application was given at an Elders/Church Meeting and a copy of attached/enclosed. insert an image of your signature if possible)				
Date of Elders/Church Meeting:					
Name & position within church:					
Signature:					
Date:					
For Office Use Only – Authorisation					
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

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Please return this form and supporting documentation to the Tiny Grant Administrator Email: sally.bateman@urc-northernsynod.org (preferred)