

Diocesan Mission & Growth Fund

*Required

Please do read the Mission and Growth Fund overview information found $h\underline{ere}$ before completing this application form

١.	Name of Mission Community which is making the application	*
2.	Archdeaconry *	
	Mark only one oval.	
	Barnstaple	
	Exeter	
	Plymouth	
	Totnes	

Name and position of the person who will be responsible for * the project:
Name of the proposed project *
Brief description of the proposed project *
Sum Requested*

7.	Will other funding be provided from any other source (e.g. fundraising, local donations, PCC general funds, PCC reserves, Joint Council funds)? If so, please provide brief details.	*
8.	Have you sought advice to support your application? (eg Archdeacon, Children & Families' Mission Adviser, SWYM, Chaplaincy Adviser, Mission Enabler etc) - please give details.	*

aking 'New Disciples' in the children, young people an amilies demographic?
How will the fruitfulness of the project be measured? W does success look like? How will this be monitored?
How will the proposal integrate with your Mission Community Plan?

•	What long-term benefits do you expect from the project, * and how will you continue to sustain the project beyond the end of the grant period?
•	Is there potential for joint working? Eg. Is there potential * for partnership with a local school? How will you enable others to learn from your project?
	Where the project involves employing any staff, whether * paid or voluntary, please provide details of the recruitment process and line managementstructure.

15.	Name of the person who is coordinating the application, and to whom any correspondence should be sent:	*
16.	Email address of person who is coordinating the application, and to whom any correspondence should be sent:	*
Ward	ement required from the following: Applicant, Church lens, Incumbent & Financial / Treasurer Applicant Name*	
18.	Applicant Email*	
19.	Churchwarden 1 Name*	
20.	Churchwarden 1 Email*	

21.	Churchwarden 2 Name*
22.	Churchwarden 2 Email*
23.	Incumbent Name*
24.	Incumbent Email*
25.	Financial / Treasurer Name *
26.	Financial / Treasurer Email *

Supporting Documentation

When submitting your application please email the following documents to mg @exeter.anglican.org

(Applications cannot be considered if any of these elements are missing)

Project Plan Template can be found on our website

27.	We confirm we have emailed the following documents to * mg@exeter.anglican.org
	Tick all that apply.
	Project Plan. Your proposal should include details of need, objectives, method of implementation, budget/financial plan and the evaluation process to be followed to measure success.
	A copy of the minute and date of the meeting at which the project was approved by your PCCs/Deanery Synod/Joint Council, as appropriate.
	Copy of your latest independently examined and signed accounts.
	Copies of any other grant applications related to this project.
	Thank you for completing the form.
	application forms must be submitted by the closing date of 3 l st y 2023