



Bwrdd Cyllid Esgobaeth Tyddewi
Swyddfa'r Esgobaeth
Abergwili, Caerfyrddin SA31 2JG
Ffôn / Tel: 01267 236145

St Davids Diocesan Board of Finance
Diocesan Office
Abergwili, Carmarthen SA31 2JG

Ebost / Email: Diocese.stdavids@churcheinwales.org.uk
Ysgrifennydd yr Esgobaeth **Mr Howard Llewellyn** Diocesan Secretary

LOCAL MINISTRY AREA AND CHURCHES GRANT APPLICATION FORM

Section 1 – HOW CAN WE CONTACT YOU?

Details of the contact person:

Name:

Address:

Post town:

Postcode:

Daytime phone:

Evening phone:

E-mail:

Position in Local Ministry Area / Church:

Section 2 – ABOUT YOUR LOCAL MINISTRY AREA / CHURCH PROJECT

What is the aim / objective of your proposed project?

Please describe your proposal:

How does it fit with your overall Mission?

Who will be responsible for delivering the project and spending the money?

Who will be responsible for spending and accounting for the funding?

How do you propose to implement and assess the project?

Section 3 – FINANCING THE PROJECT

QUESTION	AMOUNT
How much will the project cost?	
Grants / awards from other sources	
Other funds? e.g. local fundraising	
How much grant are you seeking?	
TOTAL	

Please itemise all costs:

Detail funding from other sources:

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Section 4 – SUNDRY

QUESTION	Yes	No
Has your Archdeacon been informed about your project?		
Does the application have the endorsement/support of the LMA Council?		
Are children, young people and/or vulnerable adults involved in this project?		
If YES to the above – Is your safeguarding policy in place and up to date?		
Food preparation and/or dispensing, where applicable – Have all hygiene and food safety regulations been complied with?		
Have all other regulations relevant to the project been complied with?		

Please REMEMBER to attach a copy of the most recent ACCOUNTS

Section 5 – COMPLETING YOUR APPLICATION

SIGNED (Applicant): _____

Local Ministry Area Dean / Council: _____

Date: _____

Payee details: _____

Please send your COMPLETED application, with your safeguarding policy and a copy of the most recent accounts (if applicable) to:

Finance Manager,
St Davids DBF, Diocesan Office, Abergwili, Carmarthen SA31 2JG
Email: diocese.stdavids@churchinwales.org.uk

OFFICE USE ONLY

Application Approved? YES / NO

Amount Approved: _____ **Date Approved:** _____

