|  |
| --- |
| **1. Grant amount details** (please print) |

**Name of congregation/parish**

**Grant amount requested**

**Other contributions (include in kind)**

**Total Cost of Project**

**$**

**Name of project**

**$**

**$**

**Application date:**

\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

|  |
| --- |
| **2. Contact Details** |

**Name**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Telephone: Business hours** |  | **After hours** |  | **Mobile** |
|  |  |  |  |  |
| **Email** |
|  |  |

|  |
| --- |
| **3. Endorsement by Congregation/Parish Council or equivalent** |

**Name of Church Council**

|  |
| --- |
|  |

\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

endorsed this application at a meeting held on

**Authorised Signatory**

|  |  |  |
| --- | --- | --- |
| **Name (please print)** | **Position held** | **Signature** |
|  |  |  |

|  |
| --- |
| **4. Are your LAMP stats up to date?** |

**Lamp statistics must be current for your application to be considered.**

**Yes / No (please circle)**

|  |
| --- |
| **5. Project Details** |

### If insufficient space, please attach pages as an addendum.

### Number of pages attached to this application \_\_\_

### 5.1 Description

### Briefly describe the proposed project; Include proposed time periods; commencement and longevity.

**5.2 Anticipated Start and Finish Dates**

**Start Date: Finish Date:**

### 5.3 Describe how your congregation’s mission will benefit from this project:

**What is the difference between ‘mission’ & ‘ministry’?**

In many ways the terms mission and ministry are related because it is the same Gospel (the good news about Jesus) that is at work in both. The only difference is the location of the Gospel’s work. Mission can be defined as the Gospel at work in those who are not yet saved. Ministry can be defined as the Gospel at work in existing church members and activities.

**5.4 Explain how the proposed project fits your current ministry and mission vision/plan**

**5.5 How will the Project assess its Success, Impact and Difficulties?**

Please address how feedback will be gathered. At least two reports will be requested during the implementation of your Project.

|  |
| --- |
| **6. Finances** |

**6. Please attach a basic budget for your project.**

|  |  |  |
| --- | --- | --- |
| Amount of Grant money sought: | $ |  |
| Congregational Contribution (*If relevant*): | $ |  |
| Other sources of funding (*If relevant*): | $ |  |
| Total Cost of Project:  | **$** |  |

Please attach a summary budget showing where the money will be utilized

**Please provide Account details for Grant money deposit.**

|  |  |
| --- | --- |
| **Account Name:** |  |
| **BSB:** |  |
| **Account Number:** |  |
|  |  |

**How to submit your application**

**All applications must be submitted via post or email.**

*2. Please email a copy to* kathy.matuschka@qld.lca.org.au

Include in the subject line the phrase: “Mission Resource Grant Application”

**We will phone to confirm receipt of your application.**

***If you don’t hear from us, please call Pastor David Schmidt***

***or Kathy Matuschka***

***07 3511 4018 or 07 3512 7286***

**Before submission, please complete this checklist:**

* **Congregation LAMP statistics are up to date**
* **Pages 1, 2 & 3 are complete.**
* **Sections 3 and 6 are complete.**
* **Summary budget attached**
* **Any prior Grants received have been reported on where applicable**
* **Bank Account details provided**

# Mission Resource Grant FINAL Report

**Section 1: Program Description & Changes in Operating Context**

*(Only a brief outline (dot points are ok) of approved activities required & any changes in the local situation that impacted on program activities – e.g. changes in key personnel)*

**Section 2: Planned and Actual Achievements** **(Outcomes Reporting)**

|  |  |  |  |
| --- | --- | --- | --- |
| Planned Objective (from Application) | Indicators for how you have measured achievements of objectives | Actual Achievement against those objectives | Reason for variation |
| *as per proposal* | *as per proposal* |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Section 3: Impact**

*By implementing the activities and achieving your objectives please summarise the impact your project has had in your community. You may like to ask for questionnaires from Participants to be filled in etc. Feedback from both participants and organisers will be helpful in answering Sections 5. & 6.*

**Section 4: Financial Report**

*(Income & Expenditure Statement)*

**Section 5: Successes to date**

*(E.g. What were the really good things that happened & why? Were there any unexpected successes that came from the program, activity or Training)? What did the participants value?*

**Section 6: Difficulties & Lessons Learned to date**

*(We are keen to learn about your experiences & the thoughts of those you engaged with, which will help inform future initiatives)*

**Section 7: Sustainability**

*Does the project have implications for the future? Why? Why not?*

**Signatures (Congregational Chair and Pastor)**

|  |  |  |
| --- | --- | --- |
| **Name (please print)** | **Position held** | **Signature** |
|  |  |  |
|  |  |  |

**LCAQD OFFICE USE ONLY**

**Criteria Checklist**

|  |  |
| --- | --- |
| 1. Are Funds Available?
 |  |
| 1. Is the application mission related?
 | Yes/No |
| 1. Is the application for a one-off grant?
 | Yes/No |
| 1. Is the application within the capped amount (i.e. $5000)
 | Yes/No |
| 1. Is the application for training and/or purchase of equipment and other resources?
 | Yes/No |
| 1. LAMP stats up to date?
 | Yes/No |

***If the answer to 1, 2, 3 or 6 above is ‘No’ then the application may be rejected.***

***Comments:***

***Recommendation:***

***Signed****:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* ***DMM Date****:\_\_\_\_\_\_*

***Signed****:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* ***Bishop Date****:\_\_\_\_\_\_*

***Report Date to DMM: Date****\_\_\_\_\_\_\_\_\_\_\_* ***By****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Forwarded to Bookkeeper for Payment: Date:*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

|  |
| --- |
|  |

**Applicant Congregation advised of Receipt, Outcome & anticipated Payment date:**

*Date Outcome & Payment date Advised.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*