**Application for LLL Mission Resources Grant up to $5,000**

**1. Applicant Details**

**Congregation or Parish Name and Place**

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**Project Name**

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|  |

**Contact Name**

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| --- |
|  |

**Phone Email**

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| --- | --- | --- |
|  |  |  |

**Application Date**

|  |
| --- |
|  / /  |

**2. Financial Details**

Please attach a summary budget showing where the money will be utilised.

|  |  |
| --- | --- |
| Grant requested: | $ |
| Local Contribution (if relevant): | $ |
| Other sources of funding (If relevant): | $ |
| Total Cost of Project: | $ |

**Bank Details for Grant Payment**

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

**3. Project Details**

**Brief description of project**

**Describe how your congregation’s mission will benefit from this project**

**How does this project reflect the LCA “Our Direction 2018-2024”?**

Ref: <https://www.lca.org.au/download/lca-our-direction-2018-2024/>

**Anticipated Start and Finish Dates**

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**4. Endorsement by Church Council (or equivalent)**

**Church Council Name**

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| --- | --- |
| endorsed this application at a meeting held on: |  / / |

**Authorised Signatory**

|  |  |  |
| --- | --- | --- |
| **Name** (please print) | **Position** | **Signature** |
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**5. Application Submission**

Please forward your application via email

 To: admin.wa@lca.org.au

 Subject: LLL Mission Resources Grant Application

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| --- |
| **District Approval****Checklist** |
| 1. Are funds available?
 | Yes / No |
| 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 of $5000?
 | Yes / No |
| 1. Congregation LAMP stats up to date?
 | Yes / No |
| Comments: |
| Recommendation: |
| **Signed:** (DCC)  | **Date:**  |
| **Signed:** (Bishop) | **Date:**  |
|  |  |
| *Anticipated payment date:* | **Date:**  |
| *Report to DCC expected:* | **Date:**  |
| *Applicant advised of outcome & anticipated payment:* | **Date:**  |
| *Forwarded to Treasurer for payment:* | **Date:**  |

# Mission Resource Grant Report

A report is required at completion of the program.

**Section 1: Program Description**

*(Brief outline of program activities (dot points are okay))*

**Section 2: Successes**

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

**Section 3: Difficulties & Lessons Learned**

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

**Section 4: Financial Report**

*(Income & Expenditure Statement)*

**Report endorsed by: (Congregational Chair and Pastor)**

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| --- | --- | --- |
| **Name**  | **Position held** | **Date** |
|  |  |  |
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