# Mission Fund Initiatives Grant 2024

### TO ALLOCATE FUNDS TO HELP CONTRIBUTE to THE COSTS OF IMPLEMENTING MISSION INITIATIVES

### for CHURCHES WITHIN THE NORTHERN PERSBYTERY

* Application Rounds: There are two rounds each year.
* Applications Round 1: opens February/closes May.
* Applications Round 2: opens July/closes Nov.
* Applications Submitted: MFC secretary - via email: secretary@northpres.org.nz

### **DETAILS:** tell us who you are, the project title, who to contact and costs involved

|  |  |
| --- | --- |
| **Church:** |  |
| **Initiative Title:** |  |

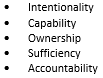




|  |  |
| --- | --- |
| **Contact Person:**  Name  Email  Phone |  |
| **Minister:**  Name  Email  Phone |  |

|  |  |
| --- | --- |
| **Total cost of**  **Initiative:** | $ |
| **Church**  **Contribution:** | $ |
| **Other Contributions** | $ |
| **Amount**  **applied for:** | $ |



Before filling in the following please make sure you have discussed this with the Mission Enabler (Rev. Dr Emma Keown) and also read carefully the “Guidelines for Mission Fund Applications” outlining what the MFC is looking for in terms of successful applications:

**Contact Emma Keown:** Mobile: 021 1655271 Email: [mission@northpres.org.nz](mailto:mission@northpres.org.nz)

**See Website:** <http://www.northpres.org.nz/mission-fund/>

### **DESCRIPTION:** Tell us what you want to do and why. Tell us how you intend to implement this



### **INTEGRATION:** Tell us how this all fits in with your Mission plan (please include a copy of your current Mission Plan)



### **DISTRIBUTION:** Tell us how this grant would be spent/allocated. Give a specific budget for this initiative



**BANK ACCOUNT:**

**Please include your bank account details here:**

Should your application be successful the funds will be deposited into this account

### **VISUALISATION:** Tell us what success looks like (Subject to your application being accepted). What has happened, what has changed, who will be affected, what will this look like.



### **INFORMATION:** Please fill in this chart giving us the membership and financial information. See PCANZ Stats.

|  |  |  |  |
| --- | --- | --- | --- |
| **Membership Info (refer PCANZ)** | **Last year** | **2 years ago** | **3 years ago** |
| Adult members  (over 25) |  |  |  |
| Children/Youth & Young adults (under 25) |  |  |  |
| Average June attendance |  |  |  |
| **Financial Info** | **Last Financial Year** | **2 years ago** | **3 years ago** |
| Parish Giving |  |  |  |
| Interest Income |  |  |  |
| Rental Income |  |  |  |
| Other Income |  |  |  |
| **Total Income** |  |  |  |
| **Total Expenses** |  |  |  |
| **Surplus/Deficit** |  |  |  |
| **Total Funds held \*** |  |  |  |
| **Loans \*** |  |  |  |



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

### **AUTHORISATION:** Please sign and date giving authorisation for this project

|  |  |  |  |
| --- | --- | --- | --- |
| **Role** | **Name** | **Signature** | **Date** |
| **Church Clerk** |  |  |  |
| **Treasurer** |  |  |  |

### **CHECKLIST:** The items listed below are **REQUIREMENTS** for the application to be considered

* You have contacted the NP Mission Enabler and discussed this application (Yes / No)
* An itemised budget for your proposal/initiative is detailed above - quotes where appropriate (Yes / No)
* Provide copy of current Mission Plan, or its equivalent (Yes / No)
* Region has conveyed its support for the proposal (yes / no)
* Bank Account details are clearly recorded above - should your application be successful
* Any research that helps identify the need for this project (brief and only if applicable)