Application MFC Grant 2026

Please read the Guidelines for Applications to guide the completion of this application. Please speak to (preferably meet with) Rev Dr Emma Keown, Mission Enabler (021 1655271: mission@northpres.org.nz) as part of you developing the initiative and in completing this application.
Details are on the Presbytery's Website: http://www.northpres.org.nz/mission-fund/

Completed applications are to be submitted to the Mission Enabler by 4pm Friday xx April (Round 1) and 4pm Friday xx October (Round 2).
Please send to Rev Dr Emma Keown, mission@northpres.org.nz by 4pm Friday xx April/Oct (Last Friday of month)
Please note that your Region needs to convey its support for this application.

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

Church:	
Initiative Title:	

Contact Person: Name Email Phone	

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

BACKGROUND: Describe what led to the development of this proposed initiative.

DESCRIBE THE INITIATIVE: Please describe the initiative that you want to start or extend.

OUTCOMES: Describe what the initiative will achieve and how this will help or contribute to the life and ministry of the church.

CONTEXT: Describe how the initiative fits with what the church is already doing and its future plans

LEADERSHIP: Describe how and by whom this initiative will be led and supported by the congregation.

RISKS AND ISSUES: Describe what are the risks and/or issues for this initiative to be successful and how they will be managed.

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 (if any)			

AUTHORISATION: Please sign and date giving authorisation for this project

Role	Name	Signature	Date
Church Clerk			
Treasurer			
Minister			

Please include your bank account details here:

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

BANK ACCOUNT:

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

- ☐ All sections have been completed.
- ☐ You have contacted the NP Mission Enabler and discussed this application (Yes / No).
- ☐ An itemised budget for your proposed initiative is detailed above - quotes where appropriate (Yes / No).
- ☐ Does the church have a plan for the future (Yes / No). Please include if yes.
- ☐ Copy and record of Session decision to support this application
- ☐ 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).