Growth Fund

Tier 2 Application Form

This form is the **2nd stage of the application process** in applying for Tier 2 Grants from the Growth Fund Committee. Please ensure that you have first filled in an **Expression of Interest Form**. Please feel free to liaise with both your assigned **Critical Friend** and also with Poppy Woods, the Growth Fund Administrator in order to complete the form.

**Instructions for Tier 3 (Resourcing Churches)**

* Please state which Resourcing Church you are part of in the form.
* Please send in evidence alongside the application form which shows that this has been approved by the Resourcing Churches Program Board to go ahead.

**How to submit this form:**

* Please e-mail or send the completed application form, together with any supporting documents, to the Growth Fund Administrator (poppy.woods@leccofe.org) for the required deadline date (dates can be found on the website).
* The Administrator will get back to you within 1-2 working with confirmation of receiving your application.
* You will receive the outcome 3-5 days after the Committee meeting with instructions on what to do next.

**PLEASE NOTE:** Only fill in this form after being advised to do so by the Growth Fund Administrator following a completed **Expression of Interest Form.**

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| **SECTION 1: APPLICANT DETAILS** | | | | | | |
| **Name of Body Applying for Grant:** |  | | | | | |
| **Date Of Application:** |  | | | | | |
| **Name of Project:** |  | | | | | |
| **Please tick the appropriate box:** |  | **Parish Church** | |  | **Deanery** | |
|  |  | **Fresh Expression** | |  | **Diocesan Department** | |
|  | **Mission Partnership** | |  | **Other (*please state)*** | |
|  | **Resourcing Church** | |  |  | |
| **Name Of Critical Friend :** |  | | | | | |
| **Archdeaconry *(if applicable)* :** |  | | | | | |
| **Contact Person :** |  | | **Position :** | | |  |
| **Address :** |  | | | | | |
| **Telephone:** |  | | **Email :** | | |  |
| **If successful what account should the money be made payable to? (BACs transfer)** |  | | | | | |

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| **SECTION 2: PROJECT DETAILS** | | | | | | | |
| **Detailed Summary of the project / ministry and its main aim (500 words):** | | |  | | | | |
| **How have you discerned that this project is part of God’s calling for your church?** | | |  | | | | |
| **How would you enact this vision with reduced or no funding from the Growth Fund?** | | |  | | | | |
| **What is the proposed timescale for the project (e.g. start and end dates):**  ***(Please note this must be after the Committee meeting date)*** | | |  | | | | |
| **What response has there been to this project from the wider community:** | | |  | | | | |
| **Do you think you would benefit from attending the Transformational Index Workshop? If so please give your reasons.**  *(Please ensure you have read the accompanying Growth Fund Guidance document beforehand).* | | |  | | | | |
| **Will the proposed project involve employing any staff?** | | |  | | | | |
|  | | | | | | | |
| **SECTION 3: BUDGET**  *Please fill in the budget as you have projected it. This may be for 3-5 years with the maximum amount being £45,000.*  *Please leave the boxes blank if you do not wish to apply for 5 years funding.* | | | | | | | |
| **Income** | **Year 1** | **Year 2** | | **Year 3** | **Year 4** | **Year 5** | **Total** |
|  |  |  | |  |  |  |  |
|  |  |  | |  |  |  |  |
|  |  |  | |  |  |  |  |
| Growth Fund |  |  | |  |  |  |  |
| Total |  |  | |  |  |  |  |
|  |  |  | |  |  |  |  |
| **Expenditure** | **Year 1** | **Year 2** | | **Year 3** | **Year 4** | **Year 5** | **Total** |
| Salaries |  |  | |  |  |  |  |
| National Insurance |  |  | |  |  |  |  |
| Pension |  |  | |  |  |  |  |
| Equipment |  |  | |  |  |  |  |
| Training |  |  | |  |  |  |  |
| Premises |  |  | |  |  |  |  |
| Etc |  |  | |  |  |  |  |
|  |  |  | |  |  |  |  |
| **Comments on Budget:** | | |  | | | | |
| **Please confirm that the Growth Fund grant makes up 50% of the total funding.**  **If not, please give a detailed explanation as to why.** | | |  | | | | |
| **What other funds and resources will be released from other sources because of this grant?** | | |  | | | | |
| **How will this work be funded past the lifetime of this grant?**  *(See guidance for more information on this)* | | |  | | | | |
| **Please confirm that you have spoken to the Generous Giving Team about this project.** | | |  | | | | |
| **Have you recently put a plan in place for increased giving or are you planning one for the future? If so please describe the plan in detail and how it will affect funding.** | | |  | | | | |

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| **SECTION 4: DIMENSIONS OF GROWTH**  *Please describe the main outcomes you hope to see in each of the following areas of growth. Please add the corresponding method of measurement next to each one. If you would like to give more than 3 in any section feel free to add more rows.*  *Please refer to the guidance for how to fill in this section.* | | |
| **Number of Disciples of Jesus** | | |
| **Outcomes** | **Measures** | |
|  |  | |
|  |  | |
|  |  | |
| **Depth of Discipleship** | | |
| **Outcomes** | | **Measures** |
|  | |  |
|  | |  |
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| **Loving Service of the World** | | |
| **Outcomes** | **Measures** | |
|  |  | |
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| **SECTION 5: GOVERNANCE** | |
| **Please confirm that the PCC annual reports been submitted.** |  |
| **Has the main decision making body for the organisation agreed to this application (e.g. a Church Council, Mission Action Group, Leadership Team or Board of Trustees)?** |  |
| **Please confirm that the PCC has adopted both the revised models:**   * **Diocesan Child Safeguarding Policy (Jan 2018)** * **Diocesan Safeguarding Adults Policy (Jan 2018)**   **Also, give the date when it was adopted and the name and contact details of the Safeguarding Coordinator.\*** |  |
| **Please confirm that you have attached a letter from the Safeguarding Coordinator acknowledging and supporting this application.** |  |
| **Have you applied to the either the Tier 1 or Tier 2 Growth Fund Committees for funding before? If so, please give details.** |  |

The Growth Fund will consider making multiple grants to the same body for different projects, but will take into account whether the hopes for previous projects have been met as stated at the time of application. Further details can be attached to this application if you feel this would be helpful.

\*If you have question regarding the Safeguarding requirements please go to their webpage [www.leicester.anglican.org/about/safeguarding](http://www.leicester.anglican.org/about/safeguarding) or contact the Diocesan Safeguarding Adviser at [rachael.spiers@leccofe.org](mailto:rachael.spiers@leccofe.org) 0116 261 5341.

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| **SECTION 6: EMPLOYMENT**  *Please only fill this in if your project deals with employing a member of staff.* | |
| **Please give the name of the employing body.** |  |
| **Is the organisation already employing staff or will this be the first employed post in the organisation?** |  |
| **Who will the line manager be and are they prepared to attend Line Management Training?** |  |
| **Please describe how the employee will be managed (frequency of meetings with line manager etc)** |  |
| **Please confirm that you agree to involve a Committee member to be part of the recruitment process.** |  |
| **Please confirm that the Job Description and detailed Person Specification are provided on a separate document.** |  |
| **Please describe how the payroll will be handled (see guidance notes).** |  |
| **Please describe how you intend to follow the Safer Recruitment Process.** |  |
| **Will the employee be church office or home based?** |  |
| *Important*  *Please see the employment pack for a wide range of guidance on employing staff, together with the note from the Director of Operations and Governance detailing specific guidance. It is a condition of funding that employment law and good practice will be adhered to. Support is available in terms Human Resources from the Diocese. If you need more assistance with this then please get in touch with the Growth fund Administrator.* | |