

**Diocese of Lincoln’s Transformation Fund**

**Tier 2 Application – max £20,000 p.a.**

**­**

**Application Form Key**

|  |  |
| --- | --- |
|  | **Required response**: please fill in the box |
|  | **Optional response:** may not be applicable to all. **Add rows if more detail is required.**   |

Please consider the environment before printing this form.

If printing, consider selecting ‘Black & White’ in the colour options.

**Part 1: Information**

1. **Applicant Details:**

|  |  |
| --- | --- |
| **Date of application:** |  |
| **Name of applicant** (church / parish / benefice / LMP/ DP): |  |
| **Has the applicant received a grant from the Transformation Fund before?** (yes/no) |   |
| **Date of most recent Transformation Fund grant received by the applicant:** |  |

1. **Contact details**

|  |  |
| --- | --- |
| **Contact Name:**  |  |
| **Contact Address:** |  |
| **Contact Email:** |  |

1. **Project authorisation:**

I, the undersigned, confirm that I am suitably authorised to make this application on behalf of the above-named group and have completed this form in good faith.

|  |  |
| --- | --- |
| **Signature****(e.g. Parish Priest or Rural Dean)** |  |
| Print name and role |  |

1. **Project details**

|  |  |
| --- | --- |
| **Name of Project** |  |
| **Project timescale**(From – to / start / duration) |  |
| **Total Project cost** |  |
| **Total funds requested from the Transformation Fund** |  |

1. **Attached documents**

The following documents are required with your application form.

|  |  |  |
| --- | --- | --- |
| **Document No.** | **Document Name** | **Attached?****(Yes / No / N/A)** |
| 1 | **Itemised project budget** (exact breakdown of all project costs, e.g. a full “shopping list”) |  |
| 2 | Copy of the minutes for when the project and an application to the Transformation Fund was approved (e.g. PCC) |  |
| 3 | Previous year’s audited accounts |  |
| 4 | Current management accounts  |  |
| 5 | Employment application questions (optional: only include if your project involved employment. See Appendix 1.) |  |

**Part 2: Application**

1. **What project are you planning?** (up to 100 words)

*Give a brief overview of your proposed project.*

1. **How do you know this work is needed?** (up to 100 words)

*e.g. What need is the project addressing? Why are you planning this project? What is the vision?*

1. **How much will the project cost and how will it be funded?**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Q*** |  | **Amount**  | **Notes** |
| **3a** | **Total project cost** | **£** |  |
| **3b** | **Total amount requested from Transformation Fund** | **£** |  |
| **3c** | **Other funding sources**  |
| *i* | *Other funding source 1:* ***Donations*** | **£** |  |
| *ii* | *Other funding source 2:* ***Lottery*** | **£** |  |
| *iii* | *Other funding source 3:* | **£** |  |
| *iv* | *Other funding source 4:* | **£** |  |

1. **What are the key steps needed to realise the project?**

What is the plan to make this happen? Who will do what and when?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Step** | **Details** | **When?** | **Who?** | **Notes** (Progress so far, support needed etc.) |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |   |  |  |  |
| 10 |  |  |  |  |

1. **Who will be helped by the project?**

|  |  |  |
| --- | --- | --- |
| **People helped by project** | **Number each year** | **Description**  |
| **Direct Beneficiaries** |  |  |
| **Other Beneficiaries**e.g. volunteers, partners |  |   |

1. **What are your planned outcomes and what will you do to achieve these?**
* You may have several activities for a single outcome, or several planned outcomes for a single activity.
* Please note, these plans will be used as part of the one-year post-grant evaluation for successful applicants.

|  |  |  |
| --- | --- | --- |
|   | **Project objectives** | **Activity** |
|  | **What are your aims for the outcomes of this project?**(Give SMART goals: Specific, measurable, achievable, resourced, time-bounded)  | **When will this be achieved by?** | **What activity will lead to this outcome?** (Be as specific as possible, e.g. people, places, numbers, times) | **When will this be completed?**  | **How will you measure / demonstrate this?** |
| A |  |  |   |   |  |
| B |  |  |   |  |   |
| C |  |  |  |  |  |
| D |  |  |  |  |  |

1. **Briefly explain how your project achieves at least one of the following diocesan priorities:**

|  |  |  |
| --- | --- | --- |
|  | ***Diocesan priority areas***  | ***How does the project meet this priority?*** *Max 50 words per answer* |
| A | **Faithful worship** – growth in the number of people worshiping Jesus Christ as Lord and Saviour  |  |
| B | **Confident discipleship** – growth in the depth of faith and spirituality, learning to be followers of Jesus and become more like him |  |
| C | **Joyful service – growth in serving the church and local community.**  |  |

1. **How does this project fit in with the Mission Action Plan for your parish / group / deanery or organisation? How does it contribute to the mission of the Local/Deanery Mission Partnership?** (up to 150 words)

*Explain how this project supports both your long-term strategy and shorter-term plans, referencing your missional action plan (or equivalent) and church type.*

1. **Parish Share**

|  |  |
| --- | --- |
| Previous year’s Parish Share requested | **£**  |
| Previous year’s Parish Share paid | **£**  |
| Current year’s Covenant Pledge committed | **£**  |
| Current year’s Covenant Pledge intending to pay | **£**  |
| Intended Covenant Pledge | **£** |

1. **Payment**

Payments are made via bank transfer. In the event of a successful application, and in order to arrange a direct-debit payment, please advise us of your PCC’s bank details.

|  |  |
| --- | --- |
| Bank Account Name |  |
| Sort Code |  |
| Account Number  |  |

**Submission:**

Please send your completed application form and supporting documents (see Part 1E) to:

Transformation.Fund@lincoln.anglican.org

OR if you are unable to send electronically please use:

Transformation Fund

Diocese of Lincoln

Edward King House

Minster Yard

Lincoln

Lincolnshire

LN2 1PU

For any questions, please email Transformation.Fund@lincoln.anglican.org

**Appendix 1: Employment Application Questions**

Only for those projects involving employment. If this project involves any employment, please provide the following information:

|  |  |
| --- | --- |
| **Do you already employ someone?**(Yes/No) |  |
| **Name of employing body**(church / parish / benefice / deanery): |  |
| **How will the payroll be handled?** |   |

1. **What training provision have you got in place?**
2. **Who will be the employee’s line manager?**
3. **How often will the line manager and employee be in contact with one another?**
4. **Where will the person work and what resources will be provided?**
5. **How will safer recruitment policies be followed?**
6. **Which policies do you need to put in place to enable this employment to take place?**

**Please provide with the application the following documents:**

|  |  |  |
| --- | --- | --- |
| **Document**  | **Document Name** | **Attached?** |
| A | **Job Description** |  |
| B | **Person Specification** |  |
| C | **Realistic employment budget** (including pension and NI costs)  |  |