**Northampton Methodist District Missional Start-Up Grant Form**

**Purpose**:

The Missional Start-Up Grant offers up to £5,000 to support new initiatives or to enable significant developments within existing mission and ministry work across the Northampton Methodist District.

When complete, please email your form to Matt Forsyth at: matt.forsyth@northamptonmethodistdistrict.org.uk

The application process should take approximately 4-8 weeks.

**Missional Start-Up Grant Application Form 2025-2026**

Please insert answers to the following questions and try not to exceed a maximum of 500 words per answer

1. Applicant name, Church and Circuit
2. Brief Description of Your Idea: (Please summarise the project or initiative you are proposing, outlining its vision and purpose.)
3. How will the initiative operate and who will it reach?
4. How does this initiative connect with the mission and values of your Church or Circuit (as appropriate)?
5. How much funding are you requesting and which other organisations have been asked to contribute e.g. Circuit or Local Church
6. Please provide a breakdown of how the grant money will be used:
7. Has this proposal been discussed and approved by your Church Council or Circuit Meeting (as appropriate)?
8. Safeguarding and Risk Management:
* Have safeguarding considerations been addressed in your planning?
* Have you undertaken a risk assessment for the project? (Please provide brief details or attach relevant documentation. Successful applicants may be asked to submit full safeguarding and risk management documents.)
* If appropriate, has this application been logged on the property consents website?
1. Sustainability and Future Planning:
* If applicable, how do you envisage the project continuing beyond this initial funding?

**Declaration**

By submitting this application, I confirm that the information provided is accurate and that the project has the necessary approval of the relevant Church Council and/or Circuit Meeting.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Details:**

Name and Position:

Telephone Number:

Email Address:

Church / Circuit:

Bank or CFB Account Details (for use if the application is successful):

Name of Bank:

Account Name:

Account Number (If using CFB account do not use CFB account number 00260045):

Sort Code (not necessary for CFB payments):

Thank you for your application and for your commitment to pioneering mission and ministry within the Northampton Methodist District.