## EMBA-logo (400x187)Mission Micro Grant (MMG)Application Form

## Amended February 2020

## *Please read the Guidance Notes before completing this form.*

###### **CHURCH INFORMATION**

|  |  |
| --- | --- |
| Church |  |

|  |  |
| --- | --- |
| Contact person |  |
| Address |  |
| Daytime contact number |  |
| E-mail |  |

|  |  |
| --- | --- |
| Name of EMBA approved project |  |
| Grant requested\**\*Max £500* | £ |
| Grant request agreed by *(Delete as appropriate)* | Deacons/Leadership Team meeting held on (date)Church Members Meeting held on (date) |
| Church approved by Cinnamon Network *(if relevant)* |  YES NO  |

|  |  |  |
| --- | --- | --- |
| **HOME MISSION GIVING** | **Amount** **(£)** | **Percentage of****church total income** |
| **Current year’s intentions** |  |  |
| **Last complete year** |  |  |
| **Previous complete Year** |  |  |

**SAFEGUARDING**

The EMBA Directors have a responsibility when providing grant funding to churches to ensure that the recipient body has in place adequate safeguarding practices.

|  |
| --- |
| **Please confirm that the church has a current and active Safeguarding Policy in place which has been put together using BUGB guidelines. Please provide the date when the policy was last reviewed.** |
|  |
| **Name of the ‘Designated Person responsible for Safeguarding’** |
|  |
| **Name of the ‘Safeguarding Trustee’** |
|  |
| **Please confirm that all leaders and volunteers involved in the project (*as appropriate*)** |
| will have the necessary checks through the Disclosure & Barring Service (DBS check) |[ ]
| will attend Safeguarding Training (L2 and L3 as appropriate) every four years |[ ]

###### **THE PROJECT**

|  |
| --- |
| Please give brief details of how the project you are seeking funding for, will fit within your current church context. |
|  |
| Please indicate when you would need the grant to start (MM/YY) |
|  |

**Please provide church bank details for payment of any grant agreed**.

|  |
| --- |
| **Church Bank Account Details**  |
| Name of bank: |  |
| Name on account: |  |
| Account number: |  |
| Sort code: | * -
 |

**Signed …………………………………………………… (Applicant)**

**On behalf of …………………………………………………………………………………..… Baptist Church**

**Position within the church ……………………………………………………………………………………………………**

**Print name …………………………………………………… Date ……………………………………………**

###### **ADDITIONAL INFORMATION**

**Please enclose the following:**

* A copy of the church’s mission strategy *(if your church has a written strategy)*
* A copy of the church’s most recent accounts
* Any further information you feel is appropriate.

Once completed, please email this form together with the addditional information required to Becky Nicholls (EMBA Administrative Support) at bnicholls.emba@gmail.com