

# INITIALIZE GRANTS

## Application Form

Please answer the following questions ensuring that the whole of this application does not exceed **4 x A4** sides. Don't forget to read and **use the guidelines** for the INITIALIZE Grant which are also available to download from our website. [www.upcsa-mad.org.za](http://www.upcsa-mad.org.za)

Any application must be able to demonstrate clearly its association with at least one UPCSА congregation. If you are an individual pioneer applying in partnership with a local congregation of the UPCSА, please check carefully with the Church which is supporting this application. **INITIALIZE** will only fund one project per congregation at any time. Consequently you can only submit one application per church/congregation at any given time.

All successful applications to **INITIALIZE** will demonstrate a commitment to good partnership working.

**PLEASE ENSURE YOU ANSWER ALL QUESTIONS AND ATTACH ALL REQUESTED DOCUMENTS (SEE CHECKLIST BELOW) OTHERWISE YOUR APPLICATION WILL NOT BE CONSIDERED.**

- 1) **What is the name of your organisation?**
  
- 2) **What is the name of your project (if different from above)?**
  
- 3) **For how many months do you intend to run this project, using the INITIALIZE funding?**
  
- 4) **Do you currently receive funding from any other source? Yes [ ] No [ ]**  
  
    **If yes, how much and what is it for?**
  
- 5) **Who will benefit from this project and what needs have you identified?**

**6) What difference do you hope to make for them?**

**7) What do you intend to do?**

**8) How does this fit with the INITIALIZE criteria?**

**9) Please provide a breakdown of project costs and where money will come from by completing an Income and Expenditure Table.**

**10)What do you expect to learn from the project?**

**11)How will you monitor and evaluate the project?**

**12)How will the project be managed to ensure good practice throughout?**

Give us the names of two people connected to the project who we can contact.

Name:

Address:

Tel. No:

Email:

Position:

Name:

Address:

Tel. No:

Email:

Position:

We declare on behalf of .....that the information given in this form and the attached documents is true and accurate to the best of our knowledge.

Signature:

Date:

Signature:

Date:

**Checklist! Have you answered all the questions and enclosed these documents?**

- COMPLETED ELIGIBILITY QUESTIONNAIRE (above) [ ]
- INCOME AND EXPENDITURE TABLE [ ]
- EXTRACT MINUTE OF SUPPORT FROM THE SESSION/COUNCIL OF THE CHURCH WHICH IS INVOLVED IN THE DELIVERY OF THIS PROJECT [ ]

If you have enclosed all of these, your application will go forward to the next INITIALIZE Grants assessment round. If you haven't, your application will not go forward for decision. THE RESPONSIBILITY TO DO THIS IS YOURS AS UNFORTUNATELY WE DO NOT HAVE THE CAPACITY TO CHASE UP APPLICANTS FOR MISSING DOCUMENTS. WE WILL ONLY CONSIDER APPLICATIONS WRITTEN USING THE FORM PROVIDED. PLEASE DO NOT ENCLOSE ADDITIONAL DOCUMENTS AS THESE CAN NOT BE CONSIDERED.

**Please return this form by e-mail or post to:**

The Convener, **Mission and Discipleship**, E-mail: [christopher@midchurch.co.za](mailto:christopher@midchurch.co.za)  
**INITIALIZE** Fund, Uniting Presbyterian Church in Southern Africa, 18 King Willow Crescent, Randjesfontein, Midrand, Tel: 011 314 1497