

LPMA Financial Grant Application Form - Individuals

Guidance Notes

Criteria: LWPT is the successor to LPMA and awards grants that it holds as restricted funds towards the objectives of LPMA. The criteria for these grants is that the applicant must be a Methodist Local Preacher either fully accredited or on-trial and/or their dependents.

Applicants: Grants can be awarded directly to individuals that fulfil the above criteria. Not only will grants be provided to Local Preachers, but also to their dependants (which means children for whom they are financially responsible and, in the case of deceased Local Preachers, their widowers, widows or dependants).

In order for your application to be considered, you will need to complete the form below. Please keep within the text boxes; you are encouraged to keep information as concise as possible.

Contact Information	
Full name including title	
Address	
Phone number	
Email	
Grant Criteria Please describe the pur	pose for which you need funding (50 words max).

Funding details
How much are you applying for?
Please state the level of any savings you currently have (proof of this may be required):
Please state and provide quotes for the full cost of the work or project that you are seeking a grant for and also indicate how the balance will be secured, should there be a shortage of funds.
Please note that you will need to attach a separate sheet with a budget for income and expenditure and identify other funding sources that will be involved.
What will happen if you are not awarded a grant?
Reference
As part of the application process, we need this form to be countersigned by your Superintendent Minister, or a member of your church team, who can confirm you are or have been authorised to exercise LP ministries or are a dependent of said Local Preacher.
Name: Job Title:
Address:
Postcode:
Email:
Telephone:
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Declaration: I hereby confirm the applicant of this grant is known to me and is a) a Local Preacher or b) a dependent of a Local Preacher (please delete as applicable).
Signed: Dated:

Capacity in which you know them _____

Next Steps

*	return prior to the funds bein	ail with a grant conditions documen ng released. Please provide your bar			
Name on Account:					
Sort Code:	Account No:				
Should you want to provide any further information in support of your application, please provide it here.					
Declaration					
I hereby confirm that all the info correct to the best of my knowled		nd any appendices to the applicatio	n are		
Consent of data subject und	er the GDPR Rules formerly	Data Protection Act 1998			
	ı) within the guidance of the G	ny application (including any informa IDPR regulations and understand th			
(Should you wish to read our Pr	rivacy Policy in full, please vis	it www.lwpt.org.uk)			
Applicant's Signature:		Date:			

Please save this form as "your name - LPMA application" and email a copy to wendy.morris@lwpt.org.uk or send by post to:

LWPT, Unit 14, Orbital 25 Business Park, Dwight Road, Watford, Herts. WD18 9DA Telephone: 01923 231811 Fax: 01923 296899

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