

Form 3C - Application for DAF/Emergency Grant

3C

The 'Form 3C – Application for DAF/Emergency Grant' is to be completed for:

- Disability Access Fund (DAF) grants, which cover 50% of capital works compliant to the Disability Access Australian Standard AS 1428 (capped at \$50,000 of grant funds per congregation);
- Emergency grant funding (capped at \$10,000 of grant funds per congregation) where the capital works/project is deemed to be urgent and unforeseen and the Responsible Body has no other appropriate sources of funding; or there are exceptional circumstances (it is generally not applicable to deferred maintenance or works covered through an insurance claim); or
- Emergency grant funding (capped at \$10,000 of grant funds per congregation) in order to meet Minister stipend costs while the Presbytery works with the congregation on their long term strategy.

This form is to be completed after the 'Form 1 - Getting Started' has been submitted and Presbytery has convened a Pre-Application Meeting between Church Council, Presbytery and Property Services (please note the Pre-Application Meeting can occur by teleconference). Please forward completed form to your Presbytery. Print and complete form by hand or electronically using ONLY Adobe software, available free at https://acrobat.adobe.com/au/en/acrobat/pdf-reader.html
For further information www.victas.uca.org.au/resources/property/, E: property@victas.uca.org.au, Ph: (03) 9116 1956.

CHECKLIST:

Prepare and Sign Form 3C – Application for Grant Funding (DAF & Emergency)

Signed Form 3C - Application for Grant Funding (DAF & Emergency) by Presbytery/ Authorising Body

Attach Form 3H - Application to Build if DAF or Emergency Capital Works

Attach financial information (if not previously submitted) if applying for Emergency grant

- Most recent audited financial statement
- Current year budget
- Balance sheet/List of available financial resources (if available)
- 5 year budget/ cash flow (if available)

SECTION A: RESPONSIBLE BODY & GRANT REQUEST

If you require more space for your answers, please attach additional pages to this form

1. RESPONSIBLE BODY

Responsible Body Name			
Discernment Partner/			
Presbytery			
Contact Person			
Position			
Email			
Phone	Ph	Mobile	
Address (Postal)			

2. GRANT REQUEST

Disability Access Fund Grant (DAF Grant)	Amount Requested: \$	Go to Q 3
Emergency Grant (Capital Works)	Amount Requested: \$	Go to Q 4
Emergency Grant (Stipend)	Amount Requested: \$	Go to Q 5



3. DISABILITY ACCESS FUND GRANT

ATTACH 'Form 3H – Application to Build' including Contractor Quotation/Tender compliant to the Disability Access Australian Standard AS 1428 and with disability access works itemised

Type of works	TOTAL cost of itemised disability access		Amount applied for (50% of total cost of	
	works		itemised disability	access works)
Upgrade toilet facilities	\$	(exc GST)	\$	(exc GST)
Installation of ramp(s)	\$	(exc GST)	\$	(exc GST)
Other (please specify)	\$	(exc GST)	\$	(exc GST)

Go to Question 9

1	EMFRGENCY	CPANT_	CAPITAL	WODKS
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Please outline briefly reasons why congregation is facing financial difficulty

Please provide details of the urgent and unforeseen capital works/project and/or the exceptional circumstances

ATTACH Form 3H – Application to Build	
Total project cost (excluding GST)	\$ (exc GST)
Total amount of Emergency Capital Works Grant requested	\$ (exc GST)
Go to Question 6	

5. EMERGENCY GRANT - STIPEND

Please outline briefly reasons why congregation is facing financial difficulty



Monthly ministry cost	\$
Monthly shortfall	\$
Duration of funding assistance required (no greater than 6mths)	
Go to Question 6	'

SECTION B: CONGREGATION PROFILE & CURRENT FINANCIAL POSITION

6. CONGREGATION PROFILE

Age Profile		_	_		
Age Group	Members	Attendees	Total	Comments	
		(Non members)			
0-9 yrs					
10-19 yrs					
20-29 yrs					
30-39 yrs					
40-49 yrs					
50-59 yrs					
60-69 yrs					
70-79 yrs					
80+					
TOTALS					
Congregation statistics					
	3 yrs ago	2 yrs ago	Last year	This year	Next year
	20	20	20	20	(estimate)
Average at all services					
Number of households					
Confirmed members					

7. PLANNED GIVING

Total children and youth

How many households participate in regular giving (envelopes, direct offering)?		
Is there a regular program to encourage people to review their giving? Yes No		No
If yes, please give details		

8. OTHER INCOME SOURCES

Address of leased or hired out property	Annual total income from this source
	\$
	\$
	\$
If other sources, please provide details	'



9. CURRENT FINANCIAL POSITION

Please complete this section if a Form 3H – Application to Build is NOT attached	
The financial details given in this question are current as at (date)	
a) Credit Funds (Current Assets)	Amount \$
UCA Funds / U Ethical – UCA Enhanced Cash Portfolio	
UCA Funds / U Ethical – UCA Growth Portfolio	
UCA Funds / U Ethical – UCA Australian Equities Portfolio	
Building/maintenance account(s)	
Trusts and Bequests (total)	
Bank Account – Operational	
Other Investments (please specify)	
TOTAL ASSETS (A)	
b) Debts owing (Current Liabilities)	Amount \$
UCA Funds / U Ethical	
Bank	
Individuals	
Loans and borrowings (including long-term loans)	
Other (please specify) -	
TOTAL LIABILITIES (B)	
NET POSITION (A - B)	
Of the Investments/Trusts and Bequests listed above, please indicate which on	es are tied to a particular
purpose and advise that purpose	

10. TREASURER CONTACT DETAILS

Name	
Position	
Email	
Phone/ Mobile	
Proceed to Section D if applying for DAF grant	



SECTION C: FINANCIAL INFORMATION & BANK DETAILS

11. FINANCIAL INFORMATION

ATTACH financial information (if not previously submitted) if applying for Emergency grant

- Most recent audited financial statement
- Current year budget
- Balance sheet/List of available financial resources (if available)
- 5 year budget/ cash flow (if available)

12. BANK/ACCOUNT DETAILS (if applicable)

Please complete below if applying for Emergency Grant - Stipend

Please provide the congregation's BANK ACCOUNT DETAILS below, either (i) Account to be credited or (ii) UEthical Account Details so that this request can be implemented as soon as possible after appropriate approval

(i) BANK ACCOUNT DETAILS		
Responsible Body Name	ABN Number	
Account Name	Account Type	
Branch Address	Bank	
BSB Number (Must be 6	Account Number	
numbers eg 063999)		
PLEASE ENSURE THESE DETAILS ARE CORRECT AS WE	CANNOT INDEPENDENTLY VERIFY THEIR CORRECTNESS. IF THERE ARE ANY	
CHANGES TO THESE DETAILS WE NEED TO BE NOTIFIE	ED IN WRITING	

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Funds Management Account Number





SECTION D: Approvals & Authorising Body Comment

Responsible Body Approval

Responsible Body Name:									
Details of Approval:									
At a meeting held on	(date), this app	lication was approved	d by the:						
Church Council	Congregation	on	Other						
Signed:		Signed:							
(type name or print, sign and		(type name or print, sign and scan. Note insertion of electronic signature will lock form from future edits)							
Date:		Date:	Date:						
Name:		Name:	Name:						
Position:	Position:	Position:							
Presbytery/ Authorising Body Approval									
Presbytery/Authorising bo	ody:								
Details of Approval:									
At a meeting held on (date), this application was approved by the:									
Presbytery:	Standing Committee:	Delegated Co	mmittee:	Other:					
Signed:		Signed:	Signed:						
(type name or print, sign and scan. Note insertion of electronic signature will lock form from future edits)			(type name or print, sign and scan. Note insertion of electronic signature will lock form from future edits)						
Date:		Date:	Date:						
Name:		Name:	Name:						
Position:		Position:	Position:						
	Comment from Pr			1					
Provide comment and/or		supported/not supp	orted.						
Please do not leave blan	k if Emergency Grant.								

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