



**CCCVAT MINISTRIES LTD**

**ABN: 82 629 507 099**

**APPLICATION FORM – V6**

**01.01.20**

Church Activation, Renewal and Equipping Grant (care) – REVITALISATION GRANT

**CARE - CHURCH ACTIVATION, RENEWAL AND EQUIPPING**

**CARE – REVITALISATION GRANT**

**CONTEXT:**

1. This application form is for member churches currently experiencing difficulty meeting the payroll costs of their Pastor and where the continued employment of the Pastor is deemed vital for the revitalisation of the church or the church could better serve the Kingdom, assembly and community if it employed a Pastor.

**Notes:**

* Section **1** is to be completed by the applicant.
* Section **2** is to be completed by the leaders of the church.
* If you have any concerns completing the application or questions please contact:

Paul Gould | 03 9894 1796 | office@cccvat.com.au

**Assessment:**

The application will be assessed according to the condition stipulated in the CARE - Church Revitalisation Grant Guidelines and applicant providing copies of the documents requested.

**SECTION 1 – DETAILS:**

*(all sections are mandatory)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **CHURCH** | | | | | | | |
| Name of the church |  | | | | | | |
| ABN |  | | | | | | |
| Address [location] |  | | |  | | |  |
| Address for correspondence |  | | |  | | |  |
| Email Address |  | | | | | | |
| Phone Number |  | | | | | | |
| Website Address |  | | | | | | |
| Covering Letter [Clause 3b] | Attach copy | | | | | | |
| Analysis [Clause 3d] | Attach copy | | | | | | |
| Demographic Profile [Clause 3e] | Attach copy | | | | | | |
| Strategic Plan | Attach copy | | | | | | |
| Profit and Loss [last 12mths] | Attach copy | | | | | | |
| Balance Sheet [date of application] | Attach copy | | | | | | |
| Budget | Attach copy | | | | | | |
| **APPLICANT** | | | | | | | |
| Name of applicant |  | | | | | | |
| Role in church |  | | | | | | |
| Address - Street |  | | |  | | |  |
| Address – PO Box |  | | |  | | |  |
| Email Address |  | | | | | | |
| Mobile Phone Number |  | | | | | | |
| Gender |  | | | | | | |
| Date of Birth [DOB] |  | | | | | | |
| Tax File Number [TFN] |  | | | | | | |
| **Australian Securities and Investment Commission [ASIC]**  <https://asic.gov.au/online-services/search-asics-registers/banned-and-disqualified/> | | | | | | | |
| Is there a report about the Pastor listed with ASIC? | | | Yes | | No | | |
| If yes, state why:- | | | | | | | |
| **FUNDING ARRANGEMENTS** | | | | | | | |
| CARE – Revitalisation Grant: Intended commencement date | | |  | | | | |
| CARE – Revitalisation Grant: Intended completion date | | |  | | | | |
| Is the church, other than those attending, being sponsored by an entity other than CCCVAT? [Name entity] | | |  | | | | |
| What funding is the entity providing and over what period? | | | $ | | | ?years | |
| Projected total cost of employment – applicant/pastor  (Salary + Superannuation) | | | Year 1: | | |  | |
| Year 2: | | |  | |
| Year 3: | | |  | |
| Projected party’s contributions over the term of the grant. | **Church** | | **CCCVaT** | | | | |
| Year 1: |  | Year 1: | | |  | |
| Year 2: |  | Year 2: | | |  | |
| Year 3: |  | Year 3: | | |  | |
| **Total:** | | **Total:** | | | | |
| Bank details: | Account name | |  | | | | |
| BSB Number | |  | | | | |
| Account Number | |  | | | | |
| **SUPERVISOR** | | | | | | | |
| Who will the Pastor be reporting to: [Name] | | |  | | | | |
| Address | | |  | | | | |
| Email Address | | |  | | | | |
| Mobile Phone Number | | |  | | | | |

**SECTION 2:**

|  |  |  |  |
| --- | --- | --- | --- |
| **LEADER/ELDER - 1** | | | |
| Name |  | | |
| Address |  | | |
| Email Address |  | | |
| Mobile Phone Number |  | | |
| Gender |  | | |
| Date of Birth [DOB] |  | | |
| Tax File Number [TFN] |  | | |
| **Australian Securities and Investment Commission [ASIC]** | | | |
| Is there a report about you listed with ASIC? | | Yes | No |
| If yes, state why:- |  | | |
| **LEADER/ELDER - 2** | | | |
| Name |  | | |
| Address |  | | |
| Email Address |  | | |
| Mobile Phone Number |  | | |
| Gender |  | | |
| Date of Birth [DOB] |  | | |
| Tax File Number [TFN] |  | | |
| **Australian Securities and Investment Commission [ASIC]** | | | |
| Is there a report about you listed with ASIC? | | Yes | No |
| If yes, state why:- |  | | |
| **LEADER/ELDER - 3** | | | |
| Name |  | | |
| Address |  | | |
| Email Address |  | | |
| Mobile Phone Number |  | | |
| Gender |  | | |
| Date of Birth [DOB] |  | | |
| Tax File Number [TFN] |  | | |
| **Australian Securities and Investment Commission [ASIC]** | | | |
| Is there a report about you listed with ASIC? | | Yes | No |
| If yes, state why:- |  | | |
| **LEADER/ELDER - 4** | | | |
| Name |  | | |
| Address |  | | |
| Email Address |  | | |
| Mobile Phone Number |  | | |
| Gender |  | | |
| Date of Birth [DOB] |  | | |
| Tax File Number [TFN] |  | | |
| **Australian Securities and Investment Commission [ASIC]** | | | |
| Is there a report about you listed with ASIC? | | Yes | No |
| If yes, state why:- |  | | |

**SECTION 6 – DECLARATION OF THE APPLICANT:**

* I the applicant, am authorised to sign the CARE – Revitalisation Grant application on behalf of the church.
* To the best of my knowledge, there is no conflict of interest represented by this application and I will notify CCCVaT should a conflict arise.
* I state that the information contained in this application and or attachments is to the best of my knowledge true and correct and I will notify CCCVaT of any changes to this information.
* I have read CCCVaT’s CARE – Revitalisation Guidelines and I and the elders/leaders acknowledge that by signing this application I and the church commit to abiding by the terms and conditions of these Guidelines.
* I agree upon approval of the application to sign the CARE – Revitalisation Agreement.

*To be signed by the applicant in the presence of an elder/leader of the church.*

|  |  |
| --- | --- |
| **Date** |  |
| **Name in full** |  |
| **Signature** |  |

*The be signed an elder/leader of the church.*

|  |  |
| --- | --- |
| **Date** |  |
| **Name in full** |  |
| **Signature** |  |

**Complete the application and post it to:** CCCVaT PO Box 521 Blackburn VIC 3130

*[Post the entire application, do not post part of it or email it]*