

**APPLICATION FORM – V5**

**01.07.23**

Pastoral equipping grant (peg)



**PASTORAL EQUIPPING GRANT [PEG]**

**CONTEXT:** Refer guidelines.

**Notes:**

1. Sections **1**, **2,** **3** and **5** are to be completed by the Church and section **4** and **5** the Pastor.
2. Words in ‘grey’ are to inform you what responses are required. It is advisable to change the colour of your response to black, where a written response is required.
3. To relieve you of removing the grey words before typing your answer, you can click on the word ‘INSERT’ (clicking INERT will change it to OVERTYPE) on the ribbon at the bottom of this document, which will allow you to overtype the current word however, you will still need to change the colour of the type.

**As per the Guidelines:**

1. The Church is to submit a Strategic Plan, to include:
2. Objectives of the strategic plan – Kingdom Reporting Activity (KRA)
3. A formal job description for the Pastoral role,
4. A mentoring program to support the Pastor, and
5. Measurable outcomes for the Church and Pastor for each KPI – Kingdom Performance Indicators (KPI’s).
6. The Church is to submit:
7. The strategy, either in the sections provided or on a separate report.
8. Profit and Loss Statement for the last financial year.
9. Profit and Loss Statement for the current financial year if six months has passed since the last financial year.
10. Balance Sheet for the current financial year.

**Definitions:**

**Church Applicant** – Person the church is seeking the grant for.

**SECTION 1 – CHURCH DETAILS:**

*(all sections are mandatory)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of the Church: | |  | | | | | |
| ABN: | |  | | | | | |
| Address: |  | | | |  | |  |
| Current Pastor - Name: | | | |  | | | |
| Details of the authorised person completing this application on behalf of the Church: | | Name: | |  | | | |
| Email: | |  | | | |
| Mobile Telephone: | |  | | | |
| Current average attendance at the main service: | | | |  | | | |
| Staff employed: | | | | Full Time: | |  | |
| Part Time: | |  | |
| Volunteers: | |  | |
| Annual operating budget: | | | |  | | | |
| Is the Church’s share of the PEG budgeted and fundable? | | | | Yes | | | |
| Is the church applicant being sponsored by an entity other than the Church? | | | | Yes | | | |
| Projected total cost of employment – Church Applicant  (Salary + Superannuation + Work Cover/Income Protection) | | | | Year 1: | | | |
| Year 2: | | | |
| Year 3: | | | |
| Projected parties’ contributions over the term of the grant. | | **Church** | | **CCCVaT** | | | |
| Year 1: | | Year 1: | | | |
| Year 2: | | Year 2: | | | |
| Year 3: | | Year 3: | | | |
| Does the Church have a compliant WHS policy that is being effectively managed? | | | |  | | | |
| Is the Church building compliant with all building regulations or standards that are capable of being applied? | | | |  | | | |
| Is all the equipment used by the Church meet Australian Standards, where applicable? | | | |  | | | |
| Bank details: | | Account name: | |  | | | |
| BSB Number: | |  | | | |
| Account Number: | |  | | | |
| Who will the church applicant be reporting to: | | | |  | | | |
| Is the church willing to handle all employee and employment responsibilities? | | | |  | | | |
| Will the church commit to a prayer plan for Church Applicant? | | | |  | | | |
| Who will supervise the Church Applicant? | | Name: | |  | | | |
| Email: | |  | | | |
| Mobile Telephone: | |  | | | |
| Who will mentor the Church Applicant. *It is advisable that different people be appointed to supervise and mentor the Pastor.*  *If not possible and it is the supervisor, state where the name is required ‘same as supervisor’* | | Name: | |  | | | |
| Email: | |  | | | |
| Mobile Telephone: | |  | | | |
| PEG – intended commencement date: | | | |  | | | |
| PEG – intended completion date: | | |  |  | | | |
|  | | | | | | | |
|  | | | | | | | |
| **SECTION 2 – CHURCH STRATEGIC PLAN:** | | | | | | | |
| Background: | | | | | | | |
| *Or refer attached.* | | | | | | | |
| Objectives: KRA and relevant KPI’s. | | | | | | | |
| *Or refer attached.* | | | | | | | |
| Implementation including timelines: | | | | | | | |
| *Or refer attached.* | | | | | | | |
| **Pastors role/job description:** | | | | | | | |
| *Or refer attached.* | | | | | | | |

**SECTION 3 – CHURCH APPLICANT DETAILS:**

(*all fields are mandatory)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name (in full): |  | | |
| Address (street): |  | | |
| Address (suburb + p/code): |  |  |  |
| Postal Address: | As above | | |
|  |  |  |  |
| Email address: |  | | |
| Telephone Number (landline): |  | | |
| Mobile Number: |  | | |
| Date of birth (DOB): |  | | |
| Working with Children’s Check |  | | |
|  | | |
| National Police Check |  | | |
| Photograph: | A high resolution electronic image is to be forwarded to the email address at the end of this document.  It must be a minimum of 300dpi or 1mb. | | |
| **Emergency Contact Details:** | | | |
| Emergency Contact: |  | | |
| Relationship: |  | | |
| Phone Number (Landline): |  | | |
| Phone Number (Mobile) |  | | |

**SECTION 4 - PASTOR ASSESSMENT INFORMATION:**

*(to be completed by the Church Applicant)*

|  |
| --- |
| **List experience and skills.** |
| *Or refer attached.* |

|  |
| --- |
| **Have you sensed God’s call to continue in this ministry and do you believe you are capable of growing it?** |
| *Or refer attached.* |
| **What will you do differently to grow the ministry of the Church?** |
|  |

**SECTION 5 – DECLARATION OF THE CHURCH AND CHURCH APPLICANT:**

**Church Signatory:**

* I am authorised to sign the PEG 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 of interest 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 PEG Guidelines and acknowledge that signing this application commits the Church to abiding by the terms and conditions of these Guidelines.

*To be signed by a person with the authority to apply - i.e. Elder/Leader/Pastor.*

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

**Church Applicant:**

* I state that the information supplied by me is true and correct.
* I have read CCCVaT’s PEG Guidelines and acknowledge that signing this application commits me to abiding by the terms and conditions of these Guidelines.

*To be signed by the Church Applicant in the presence of the church signatory.*

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

**For enquires, contact:** Paul Gould 03 9894 1796

**Complete the application and email to:** [office@cccvat.com.au](mailto:office@cccvat.com.au)

**Or post to:** CCCVaT MINISTRIES LTD

PO BOX 2624, RINGWOOD NORTH VIC 3134